

**DIOCESE OF SHREVEPORT  
YOUTH MINISTRY  
EVENT PERMISSION AND MEDICAL INFORMATION FORM (YOUTH)**

I. A church-sponsored event is planned: \_\_\_\_\_ (church parish name)

To \_\_\_\_\_ Date(s) \_\_\_\_\_

Departure Time & Place \_\_\_\_\_

Return Time & Place \_\_\_\_\_

Overnight Accommodations (if applicable) \_\_\_\_\_

Purpose of Event \_\_\_\_\_

Specific Activities Involved \_\_\_\_\_

Transportation Plans \_\_\_\_\_

Cost of Event, other specifics \_\_\_\_\_

Adults Leaders \_\_\_\_\_

II. I/We request that our child \_\_\_\_\_ participate in the youth ministry event outlined above.

III. I/We hereby waive, release and forever discharge any and all claims against the Diocese of Shreveport, the above named parish, their council, staff, or volunteers (hereinafter collectively "the Diocese") for damages and/or injuries to or of my child listed in paragraph 2, above, which may arise from the participation in this activity; provided, however, that this release does not apply to claims for gross negligence or intentional wrongdoing of the Diocese.

IV. I/We recognize that the parish is a nonprofit institution and that limiting its liability for accidents helps to keep down its cost of operation, and thus helps make it possible for trips of this kind to take place. Therefore, I/we have agreed not to sue in the event of an accident and/or injury involving my/our child. I retain the right to sue in the event my/our child is injured as a result of intentional wrongdoing or gross negligence on the part of the Diocese.

V. Indicate any activities in which you DO NOT wish your child to be involved during this event. \_\_\_\_\_

VI. Indicate any allergies or illness your child may have. \_\_\_\_\_

VII. Medications (prescribed) your child will bring to this event. (All medications must be well labeled with name of child, name of medication, dosage, and frequency.) \_\_\_\_\_

VIII. I hereby grant permission to any staff person to provide the following over-the-counter drugs to my child if requested by my child while in their care. (Check all that apply)

\_\_\_ Tylenol \_\_\_ Benedryl \_\_\_ Advil \_\_\_ Sudafed \_\_\_ Midol \_\_\_ Kaopectate \_\_\_ Neosporin \_\_\_ Pepto Bismal \_\_\_ Imodium AD

**IX. Parent or Guardian contact**

Name \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

Home Address \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

**Alternate Contact Person (in the event the parent or guardian can not be contacted)**

Name \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

Home Address \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

**X. Emergency Medical Treatment**

This is to confirm that the Diocese of Shreveport has my full and complete permission to seek and obtain medical attention for my child in the event of any accident or illness which may occur, including the authorization to consent to emergency medical care, if required. I understand that reasonable efforts will be made to advise parents/guardians of their child's condition prior to any treatment. This is to confirm that I release the Diocese of Shreveport from any and all liability due to seeking medical attention.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date