

**DIOCESE OF BRIDGEPORT
LIABILITY/MEDICAL RELEASE FORM – YOUTH PARTICIPANT**

Activity:

Date:

Parish: St. Aloysius Parish

SECTION ONE: PARENT / GUARDIAN REQUEST AND MEDICAL CONSENT

Student Information:

Name _____ **Age** ____ **Date of Birth** _____

Address _____ **City, State, Zip** _____

Cell Phone _____ **Home Phone** _____

The undersigned do hereby request and consent that my child _____ attend and participate in the activity and associated activities listed above. I authorize an adult, in whose care the minor has been entrusted, to render supervision and to provide consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician, dentist or emergency medical technician licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or treatment center whether such diagnosis or treatment is rendered at the office of said physician or said hospital or treatment center.

The undersigned shall be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this request and authorization.

Diocese of Bridgeport Medication Self-administration Policy:

Youth will be expected to carry and self-administer any properly prescribed medication, both prescription or non-prescription, during the trip. Youth must make their chaperones aware of such medication; however, chaperones will not be responsible for or expected to administer or carry such medication. Youth are expected to know when and how to administer such medication and must act accordingly regarding such self-administration. The parents/guardians of any youth administering medication hereby indemnifies and holds harmless the Diocese of Bridgeport, its employees, volunteers, agents or other representatives for any and all claims, actions, damages or injuries, including death, that may arise as a result of this policy.

If circumstances arise that cause my minor child to be prescribed medication while on the trip, my child is hereby authorized to carry and administer such medication as needed and the same guidelines and indemnification will apply.

The undersigned does also hereby give permission for my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in the above activity sponsored by St. Aloysius Parish.

I give permission to St Aloysius Parish and the Diocese of Bridgeport to photograph videotape and/or film my child and to use his or her image in photographs, video, and/or film for the purpose of promoting the mission, activities, and any programs. I understand that I, and my child are not entitled to any compensation or rights in these materials, and I release St Aloysius Parish and the Diocese of Bridgeport or any of its agents from any liability for the use of my child's image for the above stated purposes.

Medical Insurance:
Insurance Company: _____ Policy Number: _____
Primary Physician: _____ Physician's phone: _____

Please list the following, if applicable:

Allergies _____

Specific concerns _____

Medication your child is taking _____

Parent / guardian signature _____ Relationship: _____ Date: _____

SECTION TWO: PARENT /GUARDIAN REQUEST AND RELEASE OF ALL CLAIMS

In consideration for being accepted by St Aloysius Parish and the Diocese of Bridgeport for attendance at and participation in the above-listed activity and associated activities, on behalf of my child participant (if under the age of 18), I _____, hereby assume all risk of personal injury, sickness, death, damage, expense as a result of participation in all activities involved therein.

The undersigned further hereby agree to hold harmless, and indemnify said Parish and Diocese, its directors, employees, agents and adult volunteers, for any liability sustained as a result of the negligent, willful, or intentional acts of said participant, including expenses incurred attendant thereto.

I, thereby request participation and grant permission for above mentioned child to participate fully in said activity, and hereby give my permission to accompanying chaperones to supervise, care, and discipline my child.

Further, should it be necessary for the participant to return home due to medical reason, disciplinary action or otherwise, I assume all transportation costs. When travel to, and from the activity is not parish sponsored, I assume all liabilities for any personal injury, damage and expense incurred as a result of riding in or driving any vehicle to and from said activity.

Due to the pandemic, St. Aloysius Parish continues to take precautions per the CDC and Governor Lamont's recommendations regarding public gatherings, as well as our own precautions we feel are prudent under the circumstances. Please understand that there are risks involved in attending worship despite all of the precautions taken by the parish and the diocese.

Print name of participant _____

Home Phone # _____

Mother's work or cell phone # _____ Email: _____

Father's work or cell phone # _____ Email: _____

Parent / guardian signature _____ Relationship: _____ Date: _____

SECTION THREE: PARTICIPANT ONLY

I have read the foregoing and itinerary addendums or attachments, if applicable, and understand the rules of conduct and will abide by them, as well as the directions of the leadership of the activity. I understand that my participation in said activity can be ended at any time at the discretion of activity leaders.

Student signature: _____ Date: _____