

St. Francis of Assisi Catholic Youth Ministry - Catholic Diocese of Wichita
Medical Release and Waiver / Permission Form

PLEASE PRINT LEGIBLY IN INK:

Name of Participant _____ Date of Birth ____/____/____

Address _____ City _____ State _____ Zip _____

Phone # (____) _____ M F Height _____ Weight _____ Age _____

Emergency Contact # 1 Name: _____ Relationship to participant _____

Address (if different from participant) _____

Contact Home or Cell Phone _____ Contact Work Phone _____

Emergency Contact # 2 Name: _____ Relationship to participant _____

Contact Home or Cell Phone _____ Contact Work Phone _____

Insurance Company _____ Policy # _____

List any Allergies/ Present medical conditions/ Activity and/or food restrictions:

List current medications and dosage: _____

Does Participant wear contact lenses? Yes ___ No ___

Medical Authorization:

I/We understand that the Catholic Diocese of Wichita and St. Francis of Assisi Catholic Church assume no responsibility for accidents which may occur in association with diocesan events and activities. I/We agree to use my/our personal insurance to cover any such incidents. I/We understand that, in the event medical intervention is needed, every attempt will be made to contact the persons listed above. In the event those individuals cannot be reached, I/We hereby give permission to the physician or any other qualified medical staff selected by the event leader to hospitalize, secure medical treatment, and/or order injection, anesthesia or surgery for Participant as deemed necessary.

Permission for Other Medical Matters:

___ YES, in the event it comes to the attention of the diocesan and/or parish chaperones that my child complains of illness, I grant permission for non-prescription medication (such as Tylenol, lozenges, etc.) to be given to Participant.

Waiver:

I understand all reasonable safety precautions will be taken at all times by the Catholic Diocese of Wichita and St. Francis of Assisi Catholic Church and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree to indemnify and hold harmless the Catholic Diocese of Wichita and/or St. Francis of Assisi Catholic Church, its leaders, employees and volunteer staff from any claim arising from or in connection with attending this event.

Code of Behavior:

I agree to abide by and/or instruct Participant to abide by all rules and regulations as outlined by the aforementioned chaperones/representatives. I agree that if I/Participant fail(s) to abide in any way by the rules, that I/Participant can be dismissed from the trip/event and sent home immediately at my/Participant's expense with no right of reimbursement or refund for any amount in connection therewith from the Catholic Diocese of Wichita or its chaperones/representatives.

Photo Release:

I hereby authorize the Catholic Diocese of Wichita, and its agents to utilize photographic and/or video images of me or my child by the Catholic Diocese of Wichita. In giving my consent, I hereby indemnify and hold harmless the Catholic Diocese of Wichita and its agents from any and all responsibility or liability. I understand that I will receive no compensation, should any photograph and/or video of me or my child be used.

Signature of Participant _____

Date _____

Signature of Parent/Guardian _____

Date _____

OVER 

**CATHOLIC DIOCESE OF WICHITA
PERMISSION/PARTICIPATION FORM**

ACTIVITY PERMISSION

I (We), the parent(s)/guardian(s) of _____, request that my (our) child be allowed to participate in the following activity, and do hereby grant permission for the child named above to participate in this activity:

Name of event: St. Francis of Assisi Catholic Youth Ministry

Location of event: St. Francis of Assisi Catholic Church

Date of event: March 2024 to June 2025

Transportation to these events will be provided by (check one):

- Parish adult chaperones using private or rental vehicles
- Individuals providing their own transportation
- (note: minor participants are not allowed to transport non-related participants in their vehicles)
- Other (describe) _____

Signature of parent/guardian

Date

Printed name of parent/guardian

parent/guardian phone number

For any Junior or Senior Participants who are eighteen or who will turn eighteen years old in the 2023-2024 School Year

Safe Environment Procedures

yes no I have taken the three-hour VIRTUS training session
Where: _____ and when _____

yes no I have read and signed the "Policy on Suspected Abuse of Children" and other paperwork required for
the Diocesan Safe Environment Policy. My paperwork is on file at the following institution:

Liability Release and Code of Conduct

The information provided in this form is correct to the best of my knowledge. I understand that in signing this document, I authorize verification of this information through communication with any person or organization named herein. I release from liability any person or organization which provides such information, as well as the Diocese of Wichita, its Catholic schools and its parishes.

Should I be accepted for participation, I agree to maintain personal propriety in my conduct with minor participants and to conduct myself so as not to cause discomfort or give scandal to other participants. I understand that failure to do so will serve as sufficient grounds for immediate dismissal from participation.

Signature (required if 18 or older)

Date