

**St. Dominic Savio Youth Ministry
HEALTH AND MEDICAL RELEASE FORM**

Name: _____ Date of Birth: _____
Address: _____ Female _____ Male _____
City: _____ Zip: _____ Phone (____) _____ - _____

Is this participant in general good health and able to participate in all activities involved in this event?
YES: _____ NO: _____ (If no, please submit a statement indicating limitations or serious medical conditions.)

Date most recent physical exam: _____ Physician or Clinic: _____
Address: _____ Phone: (____) _____ - _____

IMMUNIZATION HISTORY: (Please give dates)
DPT: _____ DPT BOOSTER: _____ TETANUS BOOSTER: _____

ALLERGIES (Please write yes or no next to each)
Hay: _____ Fever: _____ Asthma: _____ Poison Ivy: _____ Sulfa: _____ Nuts: _____
Penicillin: _____ Bee Sting: _____ Other: _____

Medicines _____
If any of the above is yes, please submit a statement of how the child has been treated and with what medication. Any medication not able to be self-administered must be listed.

Operations or Serious Injuries: _____ Dates: _____
please notify the event coordinator if this child is exposed to any communicable disease during the three weeks prior to activity.

Does the participant have any special dietary needs? If yes please list them: _____

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

I/We, the undersigned, parent(s) of _____ a minor, do hereby authorize as agent(s) of **St. Dominic Savio Parish** for the undersigned to consent to any X-Ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act of the medical staff of any licensed hospital whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of our for said agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable.

I agree that in the event my child is injured as a result of his/her participation in this event, including transportation to and from such activity through the negligence (active or passive) of the **St. Dominic Savio Parish or the Salesians of Don Bosco**, or any of any of its agents or employees, recourse for the payment of any resulting hospital, medical or related costs and expenses will first be had against any accident, hospital, medical insurance, or any available benefit plan of mine or my spouse.

I also, give my child permission to self-medicate except for the following medications _____

_____ I understand that any medications so listed will be dispensed by the Director of First Aid for the **Youth Ministry**

Signature of parent(s)/Guardian: _____ Date: _____

Emergency Telephone Number During Event (____) _____ - _____ Alternate Telephone (____) _____ - _____

Family Health Insurance Co: Policy No. _____

(If possible please provide a copy of the insurance card)

Model Release: I grant permission for my son/ daughter's image to be used from photos taken during the 2010-2011 Youth Ministry program. Use of photographs/video: St. Dominic Savio Parish assure the above-signed guardian that the use of the images of your son/ daughter will be for very limited purposes of publication in the Good News newsletter, on Province and Youth Ministry websites, and for promotion of similar kinds of events or for news reports on this and future similar events. No matter of manipulation will be employed in the use of these images nor will they be made available for public use beyond the limitations set in these documents.