



**MEDICAL RELEASE INFORMATION (Please Print)**

I, \_\_\_\_\_, grant permission for \_\_\_\_\_  
Parent or Guardian Name Child Name

to participate in the above named activity and I warrant that my child is in good health. I understand that the group will be staying /or visiting the Residence Inn by Marriott Kansas City Airport, Kansas City, Missouri. In consideration of my child’s participation, I agree to indemnify the parish/school and the Diocese of New Ulm from any claims or law suits brought against the parish/school/Diocese of New Ulm by myself, my child or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney’s fees or expenses incurred by the parish/school and the Diocese in defense of such a claim/suit.

I agree that I am responsible for my child’s conduct and actions. The event sponsor is not responsible for any injury or damage incurred or caused by my child. I understand that my child is required to comply with the code of conduct provided by the parish/school/Diocese while participating in the event. I understand that if my child violates the code of conduct he/she may be required to be transported home at my expense.

**EMERGENCY MEDICAL TREATMENT:** In the event of an emergency, I give permission to transport my child to a hospital for medical treatment. I agree to allow my child to receive emergency medical treatment at my expense at the discretion of the event sponsor. I wish to be advised prior to any further treatment by a doctor or hospital.

As a Parent or Guardian, I agree to all of the above stated considerations and conditions:

**X** Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**OTHER MEDICAL INFORMATION**

Medications that I am currently taking: Dosage Frequency

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Medical Conditions that you should be aware of: \_\_\_\_\_

Doctor’s Name: \_\_\_\_\_ Doctor’s Phone #: \_\_\_\_\_

Allergies to Medications, Foods, Environments, etc.: \_\_\_\_\_

**Insurance Information:**

Name of Insurance Company: \_\_\_\_\_  
Policy Holder: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Group Number: \_\_\_\_\_  
Date of Last Tetnus Booster: \_\_\_\_\_

**OTHER FORMS NEEDING TO BE FILLED OUT:**

**ADULT PARTICIPANT**

- **FORM 8** – Please sign in the parent/guardian line and sign the video/photo permission..
- **FORM 14 – NFCYM/NYC LIABILITY WAIVER AND PERMISSION FORM** – Requires your signature in one spot. **Needs to be notarized.**
- **CODE OF CONDUCT** – Needs your signature.
- **HOTEL FORM** – If you are rooming with the diocesan group, please sign in the chaperone spot.
- **PICTURE** – I am aware that for safety purposes, I am required to attach a picture with my name and parish written on the back or front, if room.
- **MAKE SURE EACH CHAPERONE IS IN COMPLIANCE WITH THE SAFE ENVIRONMENT REQUIREMENTS OF THE DIOCESE OF NEW ULM.**

**YOUTH PARTICIPANT**

- **FORM 8** – Requires an adult signature & your signature on the Video & Photo Permission Form.
- **FORM 13 – NFCYM/NYC LIABILITY WAIVER AND PERMISSION FORM** – Requires your initials and signature. Requires a parent’s initials and signature. **Needs to be notarized.**
- **CODE OF CONDUCT** – Needs your signature.
- **HOTEL FORM** – If you are rooming with the diocesan group, this form requires yours and your parent(s) signature.
- **PICTURE** – I am aware that for safety purposes, I am required to attach a picture with my name and parish written on the back or front, if room.