

# CATHOLIC YOUTH MINISTRY - DIOCESE OF SACRAMENTO CHAPERONE / ADULT PARTICIPANT FORM

(This form is for the express use of junior high and high school youth ministry in the Diocese of Sacramento. It is not intended for use by Catholic schools or parish faith formation classes. The form remains in effect for one year from date of signature.)

Chaperone/Adult Participant \_\_\_\_\_ Date of Birth (month/day/year) \_\_\_\_\_

Street Address: \_\_\_\_\_

City / State / Zip Code: \_\_\_\_\_

Home Telephone Number (include area code): \_\_\_\_\_

Work Telephone Number (include area code): \_\_\_\_\_

## EMERGENCY MEDICAL TREATMENT

In the event of an emergency, I hereby give permission to the Diocese of Sacramento, parishes within the Diocese, and their employees, agents, representatives and volunteers, to transport me to a medical facility for emergency medical, dental or surgical treatment. I hereby consent to those aforementioned individuals to authorize emergency treatment for me. In the event of an emergency, please contact:

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

TELEPHONE (include area code): \_\_\_\_\_

FAMILY DOCTOR: \_\_\_\_\_

TELEPHONE (include area code): \_\_\_\_\_

FAMILY HEALTH PLAN CARRIER: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_ PARTICPANT'S SOC SEC # \_\_\_\_\_

(1) Signature \_\_\_\_\_ Date \_\_\_\_\_

## MEDICATIONS

I am taking medications at present. I will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for taking such medications, including dosage and frequency of dosage are as follows:

**SPECIFIC MEDICAL INFORMATION:** The Diocese of Sacramento will take reasonable care to see that this information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.)

Immunizations: Date of last tetanus / diphtheria immunization

Do you have a medically prescribed diet?

Any physical limitations?

Have you recently been exposed to contagious disease or condition, such as mumps, measles, chicken pox, etc? If so, date and disease or condition.

Line 1: You should also be aware of these special medical conditions.

## LIABILITY WAIVER

For value received, I agree on behalf of myself, my heirs, successors, and assigns, to forever release, discharge, defend and hold harmless the DIOCESE OF SACRAMENTO, parishes of the Diocese, the Office of Youth Ministry, their staff, officers, directors, employees, agents, volunteers, sponsors, promoters, and affiliates, from any and all liability, claim, loss, damage, cost or expense that may be made or brought on my behalf against the DIOCESE OF SACRAMENTO, parishes of the Diocese, the Office of Youth Ministry, their staff, officers, directors, employees, agents, volunteers, sponsors, promoters, and affiliates. I forever waive any such claims against any such person or organization arising directly or indirectly from, or attributable in any legal way, to any action or omission to act of any such person or organization named above.

I fully understand the consequence of the foregoing statements and sign this **CONSENT FORM / LIABILITY WAIVER** knowingly, freely, and willingly. **(Your signature must appear below or you will not be permitted to serve as a chaperone/ adult participant in the Youth Ministry.)**

(2) Signature \_\_\_\_\_ Date \_\_\_\_\_

Being in the possession of alcoholic beverages, drugs or weapons is cause for automatic dismissal from any Youth Ministry program, event, or activity. I agree to uphold and exemplify positive Catholic values and morality at all Youth Ministry programs, events, and activities.

**(Your signature must appear below or you will not be permitted to serve as a chaperone/adult participant in the Youth Ministry.)**

(3) Signature \_\_\_\_\_ Date \_\_\_\_\_