

HEALTH AND MEDICAL RELEASE FORM FOR YOUTH

Name: _____ Date of Birth: _____
Address: _____ Female: _____ Male: _____
City: _____ Zip: _____
Parish: **Santa Teresa Church** City: *San Jose CA*

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 of most recent physical exam: _____ Physician: _____
Address: _____ Phone: _____

Are there any known allergies to food or medications that those who work with your young person this week should be aware of? _____ Yes _____ No
If yes, please explain: _____

Are there any known physical, psychological or emotional limitations that would affect this young person's participation in this event? _____ Yes _____ No
If yes, please explain: _____

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.

Does the participant have any special dietary needs? If yes please list on reverse side of form.

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

I/We, the undersigned, parent(s) of _____ a minor, do hereby authorize as agent(s) **Parish staff or authorized adult chaperones** 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 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 **Santa Teresa Church**, 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.

(Please see other side of page)

I also, give my child permission to self-medicate except for medications which are listed on the back of this form. I understand that any medications so listed will be dispensed by the Director of First Aid for the **Vacation Bible Camp**

This authorization shall remain effective from **Monday, July 29, 2019 through Friday, August 2, 2019.**

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)

YOUTH BEHAVIOR CONTRACT

Everyone who attends **Vacation Bible Camp** is encouraged to participate actively and to behave appropriately so that all will have the chance to safely enjoy this special day of ministry!

1. **There will be respect for property** - Property of the ***Santa Teresa Church*** and surrounding areas should not be damaged, marked or vandalized in any way. Personal property should not be damaged or borrowed without permission.
2. **There will be respect for the law** - There will be no non-prescription drugs or alcohol consumed or in any student's possession. There will be no physical abuse of others or inappropriate language. Fighting of any kind will not be permitted.
3. **There will be cooperation and participation** - Attending **Vacation Bible Camp** is a special privilege. We expect that all participants will take advantage of the opportunities of the day and participate fully in the activities. We also expect that all participants cooperate with the directions of the adult chaperones/leaders to promote a safe and enjoyable day.

Please remember that you are representing your parish and school by participating in this event. You are encouraged to take this responsibility seriously - your actions reflect the adults who sponsored you for this event and upon all of the participants of your parish or school.

If these guidelines are not adhered to, appropriate action will be taken. One possible action will be that the student(s) involved will have his/her parents or guardian called and will make arrangements for transportation home as soon as possible. In addition, there may be further consequences (*for example: destruction of property would require repayment of damages.*)

<u>I have read and understand these guidelines.</u>	
Participant's Signature:	Date:
Parent or Guardian's Signature:	Date: