



# Parental/Guardian Medical Information & Consent Form

| Applicant Information   |         |  |                |      |
|---|---------|--|----------------|------|
| Participant's Name:   |         |  | Date of Birth: |      |
| Address:  |         | City:                                  | State:         | Zip: |
| Father's Name:  |         | Phone:                                 |                |      |
| Mother's Name:  |         | Phone:                                 |                |      |
| Emergency Contact:  |         | Languages Spoken by Emergency Contact: |                |      |
| Medical Matters   |         |  |                |      |
| <p>I hereby warrant to the best of my knowledge, all the information provided is true and correct and I assume all responsibility for the health of my child. I understand it is my responsibility to update the Medical Information &amp; Consent Form if there are any changes to my child's health. <i>(Please initial)</i> _____</p> <p><b>Emergency Medical Treatment:</b> In the event of an emergency, I hereby give permission to transport my child to a hospital/clinic for emergency medical or surgical treatment. <i>(Please initial)</i> _____</p>  |         |  |                |      |
| Family Doctor:  |         | Phone:                                 |                |      |
| <p><b>Medications:</b> I hereby <b>Grant Permission</b> for my child to be given the following provided medications. All medications must be well labeled. [NOTE: Any/all prescription medications must be in original pharmacy container with young person's name on the prescription label. Non-prescription/over-the-counter medications must be in original container with young person's name on the container.] I release and hold harmless (entity name) _____, the Diocese of Orlando and any other religious, employees, volunteers, agents and representatives from any injury or harm resulting from administering the medication. <i>(Please initial)</i> _____</p> <p>Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency, are as follows:</p>  |         |  |                |      |
| Medication:   | Dosage: | Administer:                            |                |      |
| Medication:   | Dosage: | Administer:                            |                |      |
| Medication:   | Dosage: | Administer:                            |                |      |
| <p><b>Medical Conditions Information:</b> (Reasonable steps will be taken to keep this information confidential, but it will be shared with Diocesan personnel and others, as warranted.) My son/daughter:</p> <ul style="list-style-type: none"> <li>• Is allergic to the following medications _____</li> <li>• Has had an episode of the following or has been diagnosed with: <input type="checkbox"/> Seizures <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetic</li> <li>• Has had allergic reactions to the following (foods, dyes, latex, etc.) _____</li> <li>• Has had a medical surgery within the last six months? <input type="checkbox"/> Yes <input type="checkbox"/> No      Still under doctor's care? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• Has a medically prescribed diet <i>(please explain)</i> _____</li> <li>• Has the following physical limitations _____</li> <li>• Immunizations current and up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No      Date of last tetanus/diphtheria immunization _____</li> <li>• You should also be aware of these special medical conditions of my child: _____</li> </ul> |         |  |                |      |
| Insurance Information   |         |  |                |      |
| <input type="checkbox"/> No, I do not carry medical insurance at this time.   |         | Insurance Carrier:                     |                |      |
| <input type="checkbox"/> I do carry medical insurance at this time.   |         | Insurance Policy Number:               |                |      |
| Name of Insured:  |         | Insurance Policy Number:               |                |      |

In the event the participant does not have insurance, payment in full for medical care becomes the responsibility of the participant's parent/guardian.

|  |   |
|--|---|
| <p style="text-align: center;">Parent/Guardian Signature<br/><i>(must sign for any participant under 18 or 18 or older &amp; in high school)</i></p> | <p style="text-align: center;">Date</p> |
|--|---|



# Parental/Guardian Consent Form & Liability Waiver

(This form is required for minors to attend an off property event or trip).

| Applicant Information                |             |  |                |
|--------------------------------------|-------------|--|----------------|
| Participant's Name & E-mail Address: |             |  | Date of Birth: |
| Address:                             |             | City   | State: Zip:    |
| Home Phone:                          |             | Parent/Guardian's Name & E-mail Address:                               |                |
| Cell Phone:                          | Work Phone: | Other number where Parent/Guardian can be reached <u>during</u> event: |                |

| Consent & Liability Waiver  |                           |
|---|---------------------------|
| <b>Important! To be filled out by the Parent/Guardian for youth under 18 years of age and individuals age 18 or older <u>and</u> in high school.</b>  |                           |
| In consideration of the program in which my son/daughter will participate, I, as parent or guardian of my son/daughter, do hereby agree to allow my son/daughter to accompany (entity name) <span style="float: right;">to:</span>  |                           |
| Event & Location:   | Date & Time:              |
| <input type="checkbox"/> Transportation Not Provided<br><input type="checkbox"/> Transportation Provided  | Method of Transportation: |
| I acknowledge that (entity name) _____ is providing transportation to and from (location) _____ to the event.<br>I acknowledge and assume the risk of this transportation for my child. My child must comply with (entity name) _____ rules and procedures. By granting this permission, I also waive any claims against, and <b>RELEASE AND HOLD HARMLESS AND INDEMNIFY</b> , (entity name) _____, the Diocese of Orlando, any of their religious, employees, volunteers, agents and representatives from any liability, claims, demands and causes of action arising out of or relating to any loss, damage or injury sustained in connection with or arising out of my child's participation in the program. |                           |

|  |      |
|--|------|
| Parent/Guardian Signature<br><i>(must sign for any participant under 18 &amp;/or 18 or older &amp; in high school)</i> | Date |
|--|------|

**Participant:** In signing the line below, I certify all the information on the trip form is complete and accurate, I also agree to abide by any/all policies established for this event/activity. Should I not be able to maintain the guidelines and expectations of the adults and my peers, I understand there will be consequences for my actions, including being removed from the activity and being sent home at my parents/guardian's expense.

|                         |      |
|-------------------------|------|
| Participant's Signature | Date |
|-------------------------|------|

| Insurance Information   |           |                          |            |
|---|-----------|--------------------------|------------|
| <input type="checkbox"/> No, I do not carry medical insurance at this time. |           |                          |            |
| <input type="checkbox"/> I do carry medical insurance at this time.         |           |                          |            |
| Insurance Carrier:  |           |                          |            |
| Name of Insured:  |           | Insurance Policy Number: |            |
| Father's Name:  | Day Phone | Mother's Name:           | Day Phone: |

**In the event the participant does not have insurance, payment in full for medical care becomes the responsibility of the participant's parent/guardian.**



# Adult Consent Form & Liability Waiver

(This form is required for chaperones or adult participants to attend an off property event or trip).

**This form is to be completed by individuals 18 years of age and older (not in high school). For individuals 18 years of age or older and in high school, the Parental/Guardian Consent Form & Liability Waiver must be completed.**

| Applicant Information   |               |   |      |
|---|---------------|---|------|
| Participant's Name & E-mail Address:  |               |   |      |
| Address:  | City          | State:  | Zip: |
| Home Phone:   | Cell Phone:   | Work Phone:                                       |      |
| Physician's Name:   |               | Phone:  |      |
| Adult's E-mail Address:   |               | Last 4 Digits of Social Security Number:          |      |
| Event & Location:   |               | Date & Time:                                      |      |
| <input type="checkbox"/> Transportation Not Provided<br><input type="checkbox"/> Transportation Provided  |               | Method of Transportation:                         |      |
| I hereby waive any claims against, and RELEASE AND HOLD HARMLESS AND INDEMNIFY, (name of entity) _____, the Diocese of Orlando, and any of their religious, employees, staff, volunteers, agents and representatives from any liability, claim, loss, damage, cost or expense arising from my participation in this event. I waive such claims against such organization or any such person, arising directly or indirectly from or attributable in any legal way, to any action or omission to act of any such organization or person in connection with execution of this event. I authorize treatment by a licensed medical physician or licensed medical team in case of any accident or illness that may so arise, or any hospitalization necessary. |               |   |      |
| <b>The following request is pertinent information is you are rendered unconscious</b>   |               |   |      |
| Date of Birth (including year):   | Age:          | Date of Last Tetanus shot:                        |      |
| Please list ALL medical conditions/allergies/special health information:  |               |   |      |
| Please list ANY medications (prescription or non-prescription) you would like us to be aware of:  |               |   |      |
| Insurance Information   |               |   |      |
| Do you have medical insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes   |               | If yes, please provide the following information: |      |
| Insurance Company:  |               |   |      |
| Policy in the name of:  |               | Policy Number:                                    |      |
| Name of Emergency Contact:  | Phone number: | Language Spoken by Emergency Contact:             |      |

**In the event the participant does not have insurance, payment in full for medical care becomes the responsibility of the patient.**

Signature

Date

In signing the line above, I certify all the information on the trip form is complete and accurate, I also agree to abide by any/all policies established for this event/activity. Should I not be able to maintain the guidelines and expectations for this event, I understand there will be consequences for my actions which could include my being asked to leave the event.



## Adult Driver Information Form

This form is for drivers age 21 and older. Drivers between the ages of 21 to 24 may only transport themselves when driving on behalf of the Diocese of Orlando. Drivers must be 25 years of age or older to transport passengers

### Driver

Name of Driver \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
City/Zip \_\_\_\_\_ Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Drivers License # \_\_\_\_\_ Date of Expiration \_\_\_\_\_

### Vehicle That Will Be Used

Name of Owner \_\_\_\_\_ Model of Vehicle \_\_\_\_\_  
Address of Owner \_\_\_\_\_ Make of Vehicle \_\_\_\_\_  
Year of Vehicle \_\_\_\_\_  
Drivers Plate # \_\_\_\_\_ Registration Expiration Date \_\_\_\_\_

### Insurance Information

*When using a privately owned vehicle, the insurance coverage is the limit of the insurance policy covering that specific vehicle. Please note: The minimal, acceptable liability limit for privately-owned vehicles is \$100,000/\$300,000. The vehicle owner's insurance is primary and the Diocese of Orlando does not provide insurance for the vehicle owner.*

Insurance Company \_\_\_\_\_  
Policy # \_\_\_\_\_  
Date of Policy Expiration \_\_\_\_\_  
Liability Limits of Policy \_\_\_\_\_

### Certification

I certify that the information given on this form is true and correct to the best of my knowledge. I possess a valid Florida driver's license, have the proper and current license and vehicle registration, and have the required insurance coverage in effect on any vehicle that is driven or trailer that is towed to the location. I further understand that I must be at least 25 years of age if I will be driving a vehicle with passengers.

I grant the Diocese/parish permission to obtain a current driving record from the Florida Department of Highway Safety and Motor Vehicles to confirm that I have an excellent driving record. I understand it is my responsibility to update the Adult Driver Information Sheet if there are any changes to my driving information. (Please initial) \_\_\_\_\_

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date