

FORM A: ANNUAL CONSENT AND RELEASE



DIOCESE OF WILMINGTON

PARISH/INSTITUTION ANNUAL PARENTAL CONSENT AND RELEASE FORM

PARISH/SCHOOL _____

Personal Information

Full Name of Child			
Address			
City	State	Zip	
Home Phone	Date of Birth ____/____/____	Age	
Participant E-Mail			
Participant Cell Phone			

Providing email address and cell number grants permission for electronic communication from group leader to this young person in regards to all group activities, in accord with diocesan guidelines.

Medical Information

Family Doctor		Phone
Family Dentist		Phone
Insurance Provider	Policy#	Acct./ID#

- * ☐ Yes ☐ No Has the young person ever been seen by a heart specialist for a heart condition?
- * ☐ Yes ☐ No Has the young person had a broken bone in the past six (6) months?
- * ☐ Yes ☐ No Has the young person had surgery in the past six (6) months?
- * ☐ Yes ☐ No Is the young person currently taking prescribed medication(s) that could inhibit strenuous physical activity?
- * ☐ Yes ☐ No Is the young person allergic to bee stings?**
- * ☐ Yes ☐ No Does the young person have asthma?**
- * ☐ Yes ☐ No Are there any serious medical conditions of which the Youth Minister, Director/Coordinator of Religious Education, Principal/School Nurse should be aware?*

**If you answered 'yes' to any of the above, it is the responsibility of the parent/guardian to check with parish/school representatives to ensure those items *ed above will not endanger the young person.*

***CYM requires that athletes be able to self-administer the epi-pen and/or inhaler without assistance.*

Current Prescription Medications	
Medicinal Allergies	
Food Allergies	

If necessary, the group leader is permitted to administer the following over the counter medications to my child:

- ☐ Advil ☐ Tylenol ☐ Motrin ☐ Aleve ☐ Halls (cough drops) ☐ Imodium ☐ Calamine Lotion
- ☐ Claritin/Zyrtec ☐ Benadryl ☐ Robitussin (cough syrup) ☐ Triple Antibiotic Ointment ☐ Other _____

Parent/Guardian Information (Mother)

Full Name of Mother/Stepmother	
Home Phone	
Cell Phone	
Place of Employment	
Work Phone	

Parent/Guardian Information (Father)

Full Name of Father/Stepfather	
Home Phone	
Cell Phone	
Place of Employment	
Work Phone	

School		Teacher		Grade		Homeroom	
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In Case of Emergency

The following procedures are in place if your child becomes sick or injured, or needs to be sent home for disciplinary reasons. Calls will be made to the following numbers, in the following order.

1. Home
2. Cell phones of Mother/Father/Guardian
3. Place of Employment for Mother/Father/Guardian
4. Ambulance for transportation of child to medical facility (in case of injury). In case of a major injury that requires immediate medical attention, an ambulance may be called first.

Staff will continue to call the parents or guardians until one is reached. Please note: information on this form will be shared with emergency medical staff.

Personal Electronic Technology Devices (PTD)

All extraneous personally owned technology devices, including, but not limited to, cellular phones, Blackberrys, pagers, beepers, gaming devices, headsets, and other communication devices are for use only during an actual lock down or emergency. Other devices, including, but not limited to, tablet PCs, mobile presenters, wireless tablets, digital audio and video recorders, Palms, Sidekicks, iPods, Kindles, iPads, MP3 players, texting calculators, camera video phones, digital cameras or laptops are to be used only when permission has been granted by an institutional or organizational employee with the authority to grant such permission. Devices capable of capturing, transmitting, or storing images or recordings may never be accessed, turned on or operated in restrooms, dressing rooms, or other areas where there is a reasonable expectation of privacy. To protect the safety and well-being of students, staff and other community member's personal property and to avoid disruptions to the learning environment; group leaders, teachers, or school personnel reserve the right to confiscate or collect any PTD. The content of any PTD device may be reviewed by a designated chaperone or official as part of any investigation of policy violation or other suspected inappropriate, immoral and/or illegal use. If an illegal act is discovered, local law enforcement officials will be contacted. The Catholic Diocese of Wilmington and its parishes and organizations are not responsible for any harm to PTDs, including but not limited to the loss, theft, damage, or destruction of PTDs or any contents therein.

Permission and Hold Harmless

I hereby give my consent for the above named individual to participate in the above named parish/school youth activity (ies) during the current program year. **I authorize** responsible personnel to obtain proper medical treatments should it become necessary. Excluding intentional, deliberately-inflicted and illegally caused injuries, **I further agree**, in consideration of the above named parish's sponsorship of beneficial youth programs, to release the above named parish, the Catholic Diocese of Wilmington, and all of their employees, directors, administrators, youth ministers and volunteers from all legal liability for accidental injuries suffered by my child as a result of participation in athletic activities, or travel to and from any officially sanctioned event. Providing, however, that recourse is reserved to seek damages, medical and hospital expenses, and court costs for any such accidental injuries to my child incurred during an officially sanctioned event from any liability insurance carrier within the limits of its liability policy.

If I cannot be reached and the parish/school authorities have followed the procedures described, **I agree to assume all expenses** for transporting and medically treating this student. I also hereby consent to any treatment, surgery, diagnostic procedures which may be carried out based on the medical judgment of attending physician.

I understand that the Diocese of Wilmington and its staff are committed to providing fun, safe, educational experiences and that diocesan events are conducted in smoke-, alcohol-, and drug-free environments. In light of this, and to help ensure the safety of all concerned, I understand that if my child is in possession of drugs, alcohol, or tobacco products, engages in illegal, immoral, or offensive behaviors, or refuses to follow the directions given by event staff or volunteers while participating in this activity, I will be contacted immediately to pick up my child.

I understand that promotional pictures (individual and group) may be taken during officially sanctioned events. I give permission for my son's/daughter's picture to be used for promotional materials (newsletter, web page, calendars, power point, etc.) in highlighting the event. I understand, however, that the above named parish/institution has no control over the use of photograph or film taken by media or private vendors that may be covering events.

I affirm that the information above is true and correct and may be shared with school personnel on a "need to know" basis.

Signature of Parent/Guardian: _____

Relationship to Participant: _____

Date: _____