

**NCYC 2019 Medical Release Form
Form 5
Diocese of Rochester**

**Must Be Completed For All Youth, Young Adults and Adults Attending
Due June 1, 2019**

Participants must keep a copy of this form inside their name badge at all times.
Group Leaders must keep a copy of this form with them at all times.

Parish: _____ Location: _____

Name: _____ Date of Birth: _____

Select One: Male Female

Adult (21 or older) Young Adult (18-20) Not In High School Youth (in H.S.)

List only the Parent/Guardian(s) with whom participant resides:

Mother/Guardian Name: _____ Father/Guardian Name: _____

Spouse (adults): _____ Cell Phone#: _____

Daytime Phone #: (_____) _____ Evening Phone #: (_____) _____

Other Emergency Contact Name: _____ Phone: (_____) _____

Health Insurance Co.: _____ Policy #: _____

Physician: _____ Phone: (_____) _____

Medications (prescription and non-prescription) currently taking, including dosage: _____

Allergies: _____

Special Needs/Concerns: Wheelchair Access Hearing Impaired Visually Impaired
 Mobility Impaired Other special needs/concerns: _____

Can this person be given the following by the medical coordinator?

Aspirin? Yes No Acetaminophen? Yes No Ibuprofen? Yes No

Can pictures of this person participating in the NCYC be placed on the Diocesan Website and/or used for other informational purposes by the Diocese of Rochester? Yes No

I hereby certify that the above information is correct and give permission for my child to be transported in privately owned vehicles for medical emergencies only, and for the release of medical records to an attending health worker in case of illness. I understand that every effort will be made to contact the parent/guardian. If one cannot be contacted, I hereby give permission for a qualified physician to secure proper treatment for my child.

My signature confirms that I give permission for my child to participate in the program. I hereby release the Diocese of Rochester and all its affiliated entities, including its employees, volunteers and parish sponsor from any and all liability for any damages suffered as a result of or relating to my child's participation in the program. I agree that neither the Diocese of Rochester or the parish sponsor will be responsible for reimbursement of copayments or uninsured medical costs.

Adult/Parent/Guardian Signature: _____ **Date:** _____