



YOUTH MEDICAL FORM
AND LIABILITY WAIVER

Participant's Name: _____
Address: _____ Zip _____
Emergency Phone: (____) _____
E-Mail Contact: _____@_____._____
Age: _____ Gender: _____ Birthdate ____ / ____ / _____

I _____ give my permission for my child to participate in the Labor Day Hike on September 6, 2021
Fall Creek Falls State Park, Spencer, TN

I also understand that a certain code of conduct is expected of all youth and adults attending any Diocese of Knoxville sponsored event. By signing below, I state that my child has read, signed and has full understanding of the code of conduct. I understand that any violation of the code of conduct by any youth is grounds for dismissal. If a young person is in violation of the code of conduct, I understand that I will be contacted by telephone regardless of the time of day or evening to be informed of the incident. I also understand that all arrangements and costs for transportation home will be the responsibility of the parent or guardian.

_____/_____/_____
Print Parent/Guardian Name Date
Signature _____

MEDICAL MATTERS

I hereby warrant that to the best of my knowledge, my child is in good health. **I assume all responsibility for the health of my child with our families Insurance.** Of the following statement pertaining to medical matters, *sign only those in accordance with your wishes:*

EMERGENCY MEDICAL TREATMENT

In the event of an emergency, I hereby give permission to transport my child to the hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above number contact:

Name: _____
Phone: (____) _____ Relationship: _____
Health Plan Carrier: _____
Member ID: _____
Group #: _____

_____/_____/_____
Print Parent/Guardian Name Date
Signature _____

OTHER MEDICAL TREATMENT

1. In the event it comes to the attention of the Diocesan and Parish agents, chaperones or representatives associated with this event that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called using my emergency phone number.

_____/_____/_____
Print Parent/Guardian Name Date
Signature _____

2. My child is taking medications at present. My child will bring all such medications necessary and such medications will be labeled. Names of medications and concise directions for administering such medications, including dosage and frequency are:

_____/_____/_____
Print Parent/Guardian Name Date
Signature _____

3. I hereby grant permission for non-prescription medication (such as Tylenol, Advil, throat lozenges, and cough syrup) to be given to my child, if deemed advisable.

_____/_____/_____
Print Parent/Guardian Name Date
Signature _____

4. No medication of any type whether prescription or non-prescription may be administered to my child unless the situation is life-threatening and emergency treatment is required.

_____/_____/_____
Print Parent/Guardian Name Date
Signature _____

Dietary Needs: _____

Allergies: _____

Physical Limitations: _____

Special Medical Conditions: _____