



Archdiocesan Permission & Liability Waiver and Health Form – YOUTH

Name _____ Gender _____

Street Address _____

City, State and ZIP _____

Parish _____ High School _____

Student cell: _____ / Mom cell: _____ / Dad cell: _____

Date of Birth _____ Grade: _____ T-Shirt Size _____

Is this participant in general good health and able to participate in general activities? Yes _____ No _____

If not, please indicate special circumstances and situations here: _____

Date of most recent physical examination by licensed medical doctor: _____

Name of family physician or clinic _____

Phone _____



Are all immunizations up to date?: Yes _____ No _____ Date of last tetanus booster _____

If any are not up to date, please list them _____

Medications: If your son/daughter is presently taking any prescription medications? Please list them and provide directions for frequency and dosage: _____

If your son or daughter will be bringing any over the counter medications, please list them: _____

Please list any special dietary needs/food allergies for your child: _____

Has participant had any operations or serious injury? (please list and date): _____

Does your child have any medical limitations, medicine allergies or needs that we need to be aware of? Please describe: _____

Does your child have any other limitations or needs (learning styles, family situations, custody arrangements, etc.) that we need to be aware of? If yes, please describe. _____

PLEASE NOTE THAT THREE SIGNATURES ARE REQUIRED ON THIS PAGE

In signing this health form, I hereby certify that the above information is correct and give permission for the release of medical records to an attending physician in case of illness. In case of medical emergency, I understand that every effort will be made to contact parent(s) or guardian(s) of participants. In the event that I cannot be reached, I hereby give permission to the physician selected by the Prayer and Action staff or the Archdiocese to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child, as named herein.

#1 Signature of Parent/Guardian _____ **Date** _____

Phone numbers you may reach me at during Prayer and Action: _____

Emergency contact in case you cannot reach me _____ Phone# _____

Health Insurance Company & Policy # _____

Primary Health Insurance Holder Name _____

A photocopy of the Primary Health Insurance card MUST be submitted with this form.

I request that my child, _____, be allowed to participate in Prayer and Action and be transported to and from all location in and around Atchison, KS. I hereby release and indemnify the Archdiocese of Kansas City in Kansas, the Prayer and Action staff, and any volunteers from any liability arising from claims of any kind or nature whatsoever from my child's participation in this program.

#2 Signature of Parent/Guardian _____ **Date** _____

#3 (sign ONE option below)

- A) My child may be given over-the-counter medication, such as Tylenol, Advil, Tums, Pepto-Bismol, etc, on an as needed basis. Exceptions: _____

Signature of Parent/Guardian _____ **Date** _____

- B) No Medication of any type may be given to my child unless the situation is life threatening and emergency treatment is required.

Signature of Parent/Guardian _____ **Date** _____



Code of Behavior for Students

- The adult leader of the trip maintains primary responsibility for the actions of the students. The sponsoring parish and the families of students assume responsibility for any damage done to the host parish or any home, church or business at their work site.
- While away from designated areas at the host parish, students must be accompanied at all times by an adult leader. Students and chaperons will travel to and from all activities as a group.
- Students are expected to attend all activities unless explicitly excused by their chaperons.
- Dress throughout the week is casual, comfortable and modest. Tank tops, short shorts, tights and shorts/pants with writing on the rear are unacceptable. Students may wear t-shirts without sleeves at the work sites only. Closed toed shoes must be worn at the work site at all time. Sandals are acceptable in the mornings and evenings. Shoes must be worn at all times.
- Each day will be a busy one, making adequate time for sleep essential. Students are expected to be in their respective rooms by curfew time. The noise level in sleeping rooms should be kept to a minimum out of respect for the other participants. Students are expected to be quiet and go to sleep when their chaperons tell them it is lights out.
- Socializing should take place only in the designated, public areas of the host parish. No visiting is allowed in sleeping areas occupied by the opposite gender.
- Students are not permitted to bring cell phones on this trip. Chaperons will carry cell phones for students to use if necessary. If a student is found with a cell phone, their chaperon will take it and keep it for the remainder of the week. iPods, or other music devices, are not encouraged. They may be used at night, in the sleeping rooms, but are not to be used at any other time.
- Smoking, drinking or drug use is strictly prohibited by all students. If any student is found with or using any of these substances, they will be sent home immediately and at the expense of their parents.
- If there are any disagreements among the students, they are to first go to the other student and try to resolve the issue. If this does not work, then they should bring their chaperon into the situation for guidance.

Parent or Guardian: I agree that my child shall abide by the rules and regulations outlined in the *Code of Behavior*. I have reviewed it and discussed the *Code* with my child prior to signing this form. I agree that if my child fails to abide by the *Code*, he or she may be immediately dismissed from the mission program and sent home at my expense.

Signature: _____ **Date:** _____

Student: I understand and agree to the *Code of Behavior*. I also understand that my parent(s) or guardian will be notified at the time of my infraction requiring my dismissal from the trip and that I will be sent home at my parent's expense.

Signature: _____ **Date:** _____



THE ARCHDIOCESE
OF KANSAS CITY IN KANSAS
12615 Parallel Parkway
Kansas City, Kansas 66109

PRAYER AND ACTION 2017 SUMMER MISSION PROGRAM

Photo Waiver

I hereby consent that my child/children may be interviewed, photographed and/or videotaped by representatives of Prayer and Action Summer Mission Program or the Archdiocese of Kansas City in Kansas. Any information or images obtained from those activities may be reproduced by Prayer and Action and/or the public media for use in advertising, publicity or educational activities. I hereby waive any claims I may have and release Prayer and Action and its employees and volunteers from any liability or claims arising out of such activities.

YES NO

Child's Name _____

Child's Name _____

Child's Name _____

Signature of Parent/Guardian

Date