Mother Teresa Youth Group Annual Medical Release/Permission Form

ANNUAL Transportation/Medical Release For the period from July 1, 2017 – June 30, 2018

Note: This form must be completed and will cover all events attended by your child during the period noted. If changes in medication/medical history occur, the parent/guardian is responsible for completing and submitting an updated form.

I hereby grant permission for my son/daughter_____ to attend scheduled events with the Mother Teresa Youth Group parish during the period of July 1, 2017 – June 30, 2018. In signing this release, I understand this grants my permission for transportation by a licensed adult driver when requested/needed for events for which the above named child is registered, as well as indoor and outdoor activities scheduled at Mother Teresa of Calcutta Catholic Church and other locations during the period of time covered by this release. In consideration for planning the events attended by my child, I hereby agree to release and hold harmless the Archdiocese of Kansas City, KS, Mother Teresa of Calcutta Catholic Church, the parishes of the Topeka Region, Topeka Regional Youth Ministry, and any and all employees and volunteers from any and all liability for any and all injury to my child as a result of his/her participation in scheduled events. In addition, I agree to pay all medical expenses related to any such injury.

By my signature below, I also give my permission for emergency medical treatment for my child in the event of an injury that in the opinion of medical personnel will result in further pain, injury, suffering, disfigurement or death if treatment is delayed. I understand every effort will be made to contact me as soon as possible in the event of an accident or injury to my child.

Contact/Updates/Photo Release:

Contacts: By my signature below, I give permission for the following cell phone numbers to be added to the MTCC Youth Group Flocknote notification list to receive future updates via text message of Youth Group Events/Notifications/Changes:

Name:_____ Cell Phone #(s):_____

_____Photo Release (check if you agree): By this check mark and my signature below, I grant permission for photographs of my child to be used by Mother Teresa Youth Group for promotional materials, bulletin boards, flyers, websites, Facebook,etc. for the promotion of Mother Teresa youth group and I waive all rights to seek compensation for the use of such images.

Medication Release – Prescription Medication (please check ONE and list medications if necessary):

_____My child does not take any prescription medication.

_____My child requires the prescription medication listed below. **By my signature below, I grant permission for my child to be responsible for their own medication.**

_____My child requires the prescription medication listed below. **I request that my child's prescription medication be monitored and administered by an adult chaperone when my child attends an overnight trip.** I understand that all medication must be placed in a Ziploc bag in the original container with my child's name written on the bag and checked in with adult staff at check-in for the event. (NOTE: Inhalers should be carried by the youth.)

Name of Medication	Dosage	Frequency	Time medication should be given
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Allergies, medication side effects, etc.:_____

Over the Counter Medication - Please check ONE of the below:

____ I give permission for my child to receive over-the-counter medications (Tums, Tylenol, Benadryl, etc.) from adult staff if needed.

____ I request that no over-the-counter medications be administered to my child unless I am contacted and give my verbal permission.

_____ _____ _____ _____

Parent/Guardian Signature | Primary Phone | Other Phone (w) or (c) | Date

_____ _____ _____

Primary Physician Name | Primary Physician Phone | Insurance Provider

_____ Insurance Policy #