



DIOCESE of
LA CROSSE

Office use only:

Date Received: _____

Expiration: _____

Annual Minor Participant Health and Medical Form

Please fill out this form for anyone who is age 18 (still in high school) and under.

PARTICIPANT NAME (FIRST, MIDDLE, LAST)	PARISH/SCHOOL:
ADDRESS:	CITY, STATE, ZIP:
PARTICIPANT EMAIL:	PHONE #
DATE OF BIRTH:	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
NAME OF MOTHER/GUARDIAN:	BEST PHONE #:
MOTHER/GAURDIAN'S EMAIL:	
NAME OF FATHER/GUARDIAN:	BEST PHONE #:
FATHER/GAURDIAN'S EMAIL:	

If unable to reach a parent/guardian at the above numbers, contact:

EMERGENCY CONTACT NAME:	BEST PHONE #:
PHYSICIAN'S NAME:	PHONE:
NAME OF MEDICAL INSURANCE:	POLICY #:



Please attach a photocopy of both sides of the insurance card. If you do not have medical insurance, enter "none" above.

Medical History/Information

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment at my expense. I wish to be advised prior to any further treatment by the hospital or doctor. In the event that you are unable to reach me, such treatment may be administered if deemed necessary. In the event of an emergency, if you are unable to reach me at the numbers given above, please contact the emergency contact listed above.

YES NO

Medications: List all medications, prescription & over-the-counter, the student currently takes at home and during the school day. Include all as-needed and emergency medications. Medications not authorized for self-carry must be in original container & given to the designated supervisor.

MEDICATION	DOSAGE:	HOW GIVEN:	FREQUENCY:	START DATE:	STOP DATE:	SIDE EFFECTS:

(If necessary, list other medications on another sheet of paper).

Other Medical Treatment: In the event that my child becomes ill with symptoms such as headache, vomiting, sore throat, or fever, do you grant permission for leaders to give your child non-prescription medication, such as acetaminophen, throat lozenges, cough syrup, or antacid? YES NO, I WISH TO BE CONTACTED FIRST.

I Authorize the Parish/School to Give the Above Prescription Medication(s) to this Student.

PARENT/GUARDIAN INITIALS:	DATE:

Inhaler and Epi-Pen Only: This student and his/her parents have been instructed in self-administration and the student may carry an inhaler or Epi-Pen and self-administer. YES NO

Does the participant have any dietary restrictions/considerations? YES NO

If the participant has a medically prescribed diet, please list the details here:

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Allergies (Please check all that apply): Pollens Medications Insect bites Food
Please note specifics: _____

Treatment History (Please check all that apply)

Asthma Diabetes Epilepsy/seizure Disorder Frequently Upset Stomach Heart Trouble
Physical Handicap Depression Emotional/Mental Disorder Other/Further Details: _____

Operations, serious injuries, or major illnesses in the past year: _____ **Dates:** _____

PARENT CONSENT FOR MEDICAL TREATMENT AND ADMINISTRATION OF MEDICATION

I hereby warrant that to the best of my knowledge, my child is in good health and I assume all responsibility for the health of my child. I give the school/parish permission for emergency and other medical treatment, including the administration of the above prescription and non-prescription medication(s).

PARENT/GUARDIAN INITIALS:	DATE:

Inhaler/Epi-Pen Only: My child may or may not carry.

PERMISSION TO USE PARTICIPANT PHOTOS

You have my permission to use said participant's photos for commercial purposes (ex: flyers, on the web, etc.).

PARENT/GUARDIAN INITIALS:	DATE:

PARTICIPANT INITIALS:	DATE:

CODE OF CONDUCT

Each participant is expected to comply with the following rules of conduct:
No possession or use of alcohol, drugs, tobacco, vaping, or pornography; No fighting, weapons, fireworks, lighters, or explosives;
No offensive or immodest clothing; Participation with the group is expected; Respect property; Respect one another, staff, and leaders; Respect and comply with schedules and with any other specific event rules established by leaders.

PARENT/GUARDIAN INITIALS:	DATE:

PARTICIPANT INITIALS:	DATE:

Statement of Truth and Accuracy

I have read the rules of conduct, the above health evaluation, and permission to participate in parish/diocesan activities. I agree to abide by the stated personal limitations and code of conduct. I hereby certify that all of these statements are true and accurate to the best of my knowledge.

PARENT/GUARDIAN SIGNATURE:	DATE:

PARTICIPANT SIGNATURE:	DATE:

By entering my full name, I attest that this constitutes my legal electronic signature on this form.

NOVEL CORONAVIRUS ACKNOWLEDGEMENT & WAIVER

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

In consideration for being permitted to participate in Diocesan/Parish/School Activities/Events, the undersigned, on behalf of himself/herself and on behalf of any participating children, hereby agree that I have read, understand, and consent to each of the following:

1. Exposure Restrictions: Neither the undersigned, nor any registered participant child(ren) shall visit or utilize, any Diocesan/Parish/School Activities, within 14 days after (1) returning from outside the United States, any cruise, or any domestic location that has been identified as a viral hotbed by the La Crosse County Department of Health, (2) exposure to any person returning from outside the United States, any cruise, or any domestic location that has been identified as a viral hotbed by the La Crosse County Department of Health, or (3) exposure to any person who has a suspected or confirmed case of COVID-19.
2. Symptomology Restrictions: Neither the undersigned nor any registered participant child(ren) shall visit or utilize any Diocesan/Parish/School Activities, within 14 days of the undersigned or any registered participant either (1) experiencing symptoms of COVID-19, including, without limitation, fever, cough, shortness of breath, and excessive fatigue, or (2) having a suspected or diagnosed/confirmed case of COVID-19.
3. Safety Restriction: The undersigned, individually and on behalf of any registered participants, agrees to comply with measures that the Diocese/Parish/School may require to best protect against the introduction of and/or spread of viruses at and among the participants of the events of Diocese/Parish/School, including, but not limited to, disinfection, hygiene practices and temperature screening, related to myself and/or my child(ren), which practices may be revised at any time based on recommended guidance and protocols issued by public health agencies.
4. I agree to notify my parish leader immediately if any of the foregoing exposure or symptomology restrictions (see 1-2, above) may potentially apply.
5. I understand that any violation of the exposure, symptomology or safety restrictions imposed by the Diocese/Parish/School (see 1-3, above), including the obligation to immediately notify my parish leader of a potential restriction (see 4, above), may result in the removal of my child(ren) from the Diocesan/Parish/School program for a duration to be determined by, and within the discretion of, the Diocesan/Parish/School administration.

I have been advised that social distancing recommendations both among minors and with caregivers/chaperones in a childcare and/or safety setting is not possible, and that as a result, my child/children's attendance at Diocesan/Parish/School Activities/Events could increase my/his/her risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by participating in Diocesan/Parish/School Activities/Events and that such exposure or infection may result in quarantine requirements, personal injury, illness, permanent disability, and death, despite the reasonable efforts of the Diocese/Parish/School to mitigate the dangers of COVID-19. I understand that the risk of becoming exposed to or infected by COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection visiting or utilizing the Diocesan/Parish/School Activities/Events ("Claims"). On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge, and hold harmless the Parish/School, the Diocese of La Crosse, its employees, agents, and representatives, as well as Most Reverend William Patrick Callahan (collectively the "Released Parties"), from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Released Parties, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in Diocesan/Parish/School Activities/Events.

I understand that the foregoing restrictions specifically address concerns of COVID-19. Standard parish, school, and Diocesan policies and procedures will continue to apply and be implemented throughout the program.

PARENT/GUARDIAN SIGNATURE:	DATE:

By entering my full name, I attest that this constitutes my legal electronic signature on this form.



DIOCESE of
LA CROSSE

Minor Participant Event Release Form

Please fill out this form for anyone who is age 18 (still in high school) and under.

PARTICIPANT'S NAME:	DATE OF BIRTH:
PARISH/SCHOOL:	GENDER: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>

Event Information

NAME OF EVENT:	DATE(S) OF EVENT:
DESIGNATED LEADER:	DESIGNATED LEADER'S TITLE/POSITION:
DESTINATION OF EVENT:	
MODE OF TRANSPORTATION TO AND FROM EVENT:	
DEPARTURE DATE/TIME:	RETURN DATE/TIME:

Parental/Guardian Consent and Liability for Minors

I grant permission for my child to participate in this diocesan/parish/school event that requires transportation to a location away from the parish/school site. This activity will take place under the guidance and direction of diocesan/parish/school employees and/or volunteers. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the parish/school named above, its officers, directors, employees and agents, and the Diocese of La Crosse, its employees, chaperones, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Diocese of La Crosse, its employees and agents and chaperones, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/school/diocese.

PARENT/GUARDIAN INITIALS:	DATE:
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Statement of Truth and Accuracy:

I acknowledge that I have previously completed the "Minor Medical Release Form," providing medical information, permissions, authorizations and releases pertaining to my child. I have listed below any additions and/or corrections to the information provided on that form. Subject to any changes above, I hereby reaffirm any and all such disclosures, permissions, authorizations and releases as though stated herein.

Medical Release Form Additions/Corrections (as applicable).

PARENT/GUARDIAN PRINTED NAME:	DATE:
PARENT/GUARDIAN SIGNATURE:	DATE:

By entering my full name, I attest that this constitutes my legal electronic signature on this form.

Immunization History (Please give dates)

Name _____

Required for Casa Hogar:

Tetanus _____

DPT..... _____

Polio Series _____

Hep B _____

MMR _____

DPT Booster.... _____

Polio Booster... _____

Suggested for Peru:

Typhoid..... _____

Hep A _____

Provide dates, if completed:

Covid # 1..... _____

Covid # 2..... _____

Covid Booster..... _____

Other, if any _____
