

**HEALTH & PERMISSION FORM
FOR HOLY FIRE YOUTH CONFERENCE**

Return original signed form (no faxes) to:
Immaculate Conception Parish
520 Oakwood Avenue, East Aurora, New York 14052

Completion of this form is required for final registration - Due by September 20, 2019.

Participant's Name _____

Address _____ City _____ Zip _____

Date of Birth ___/___/___ Sex: Male ___ Female ___

Is this participant in good health and able to participate in all normal Holy Fire activities?

Yes ___ No ___ If No, Indicate Restrictions: _____

Please give date of most recent physical examination, which must have been within the past 12 months. Date: ___/___/___

Physician Name (please print) _____ Phone: _____

Address _____ City _____ Zip _____

Immunization History: (Give Dates)

Measles 1. ___/___/___ 2. ___/___/___ Mumps ___/___/___ Rubella ___/___/___
Dtap/Td ___/___/___ Polio Series ___/___/___ Meningitis ___/___/___

Medication/Food Allergies: _____

Chronic Medical Problems: (Write YES or NO next to each)

Hay Fever ___ Asthma ___ Bee Sting Allergy ___ Seizure Disorder ___
Fainting ___ Diabetes ___ Mental Illness ___ Orthopedic Disorders ___
Heart Disease ___ Kidney Disease ___ Other _____

If yes, please explain: (Use separate sheet if needed) _____

Explain any communicable disease/illness or exposure during the three weeks prior to the Holy Fire attendance: _____

Operations/Serious Injuries: _____

Medications: List medication, dose, and reason. Please include prescription and non-prescription drugs.

Your child will be responsible for administering any needed medications to him/herself.

Please note that the Holy Fire Staff will not dispense any medication (including over-the-counter medications, such as ibuprofen, antacids, etc.). If your child may need any prescription or non-prescription medication, he or she should bring them to the Holy Fire.

< OVER PLEASE >

Dear Immaculate Conception Parish Staff:

My son/daughter/legal guardian has my permission to attend the Holy Fire Youth Conference sponsored by the Immaculate Conception Parish and the Diocese of Buffalo in Bowling Green, Ohio. This one-day program begins and ends on Sunday, October 13, 2019 and pending travel time they may return on Monday, October 14, 2019. This activity will take place under the guidance and supervision of volunteers and employees of the Immaculate Conception Parish and other parishes in the Diocese of Buffalo. I understand that as a parent or legal guardian, I remain fully responsible for any legal responsibility that may result from actions taken by my child.

In signing this 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 emergency illness. In case of medical emergency, I understand that every effort will be made to contact parents or guardian of participants. In the event that I cannot be reached in an emergency, I hereby give permission to the Program Directors to arrange ambulance transportation for my child to a local hospital, and to the physician selected by the attending hospital to secure proper treatment for and to order injection, anesthesia or surgery for my child, as named herein.

I have familiarized myself with the Holy Fire Youth Conference program. I recognize and acknowledge that there are risks in my child’s presence and participation in the Holy Fire Youth Conference in Bowling Green, Ohio from October 13-14, 2019. I agree to indemnify, hold harmless, waive and relinquish all claims I may have against Immaculate Conception and the Diocese of Buffalo including any negligence claims on their part and its officers, agents, employees, representatives or volunteers arising out of or caused by any activity my child participates in while at the program.

I give permission for photographs or video of program participants including my child to be used in publications, web sites, brochures, flyers social networking or other promotional materials produced from time to time by the Immaculate Conception Parish and the Diocese of Buffalo. I acknowledge that radio stations, television stations, newspapers and web sites occasionally cover Immaculate Conception Parish activities and may request an interview with my child. I give permission to all print, radio, television and Internet media outlets to use the images, voices and words of my child without any limitation or restriction, and with no financial compensation, for the purposes of promoting Immaculate Conception Parish and other parishes in the and Diocese of Buffalo related events. In the case of the *Western New York Catholic* and Daybreak TV Productions, both of the Diocese of Buffalo, I give permission to use the images, voices and words at any time. Parents or guardians who do not wish their child to be filmed or video taped, or who do not wish their child to speak with the media should notify the program directors in writing.

Parent/Guardian Signature _____ **Date** _____

Family Health Insurance Company _____

Policy number _____

Contact Information during Holy Fire:

Mother’s Name: _____

(h) _____ (w) _____ (cell) _____

Email _____

Father’s Name: _____

(h) _____ (w) _____ (cell) _____

Email _____

Alternate Contact Name: _____ Relationship: _____

Phone numbers: (h) _____ (w) _____ (cell) _____