

Young People Who Care (YPWC)—Youth CONFIDENTIAL RELEASE FORM

Service Program • Date _____ • Frenchville, PA

Please Return this form to: _____ with FEE payable to: _____ NO LATER THAN DATE



PARENT/GUARDIAN (all highlighted fields require completion)

I, _____; the undersigned, give permission for my

Please PRINT CLEARLY Name of Parent/Guardian

son/daughter _____ from _____ Our Lady of Grace and Saint Benedict Parishes

Please PRINT CLEARLY Name of Youth

Please PRINT CLEARLY Name of Parish/School

to participate in YPWC Service Program. It is understood that reasonable caution will be taken by the organizers to prevent injuries to all participants. In the event of injury or illness to our/my child during his/her participation in this event, and if the parents/guardians of the above mentioned persons cannot be reached, We/I hereby give our/my permission to Name of Responsible Adult for the necessary medical treatment to be given to our/my child. We/I for ourselves/myself and for our/my child, our/my respective heirs, and our/my respective legal representatives, so hereby indemnify and hold harmless any representative of Name of Parish and the above named supervising adult from parish/school from any and all claims, demands and causes of action of whatever kind and nature for their actions taken pursuant to this authority. I/We agree that in case of injury to our/my child, we will apply our/my hospitalization and/or accident insurance toward the payment of the expenses incurred. **I/We, hereby release and save harmless Young People Who Care, and Name of Parish, their agents, successors, legal representatives and any and all of its employees from any and all liability for any and all damages or personal injuries arising to my/our son/daughter as a result of his/her participation in the above mentioned Name of event, except for damages and/or personal injuries caused by or arising out of the intentional or willful misconduct of Young People Who Care, Inc or Name of Parish, its agents, servants or employees.**

Code of Behavior: Participation in this Service Trip is a privilege and not a right. Each youth and adult must attend all scheduled activities. The behavior of all (youth and adults) must reflect Christian values. The sponsoring adult must stay at the entire event and is responsible for the youth of his/her parish. Each parish, through the sponsoring adult, will take full responsibility for any damage done by their group. Drugs/Alcohol use are not permitted. The Staff reserve the right to ask any participant to leave at the participant's own expense. I/We have read and agree to uphold the above "Code of Behavior".

The undersigned also agrees to authorize YPWC, Inc. to photograph, videotape and/or interview the named youth and agree that they may use or permit other persons to use the negatives, prints, video or interview prepared for such purposes and in such manner as may be deemed appropriate and necessary. X this box if you do not agree to have your child photographed, interviewed or videotaped. I understand that if, for whatever reason, at any point in time, I decide to revoke this authorization, and I so notify the parish in writing, references to the named youth (including images or interview) will no longer be used. Any website references will be removed within thirty (30) days of written notification. I further understand, however, that references to the named youth may continue to be used in any publication already printed or published prior to my revocation of the authorization provided herein.

PRINT Parent or Legal Guardian NAME

Parent or Legal Guardian SIGNATURE

Guardian(s) Phone Number(s)

Date



YOUTH

As a member of the Name of Parish, I understand and agree to the "Code of Behavior," and I will notify my parents or legal guardian at the time of any infractions requiring my dismissal from the event and that I will be sent home at my parent/guardian's expense.

Youth SIGNATURE

Age

Date

Grade:

MEDICAL INFORMATION (please print clearly and use back if necessary)

My child is allergic to (medication/food/other): _____

My child must take the following medications (indicate dosage, frequency, etc.): _____

Can your child receive the following? Aspirin? Yes No • Acetaminophen? Yes No • Ibuprofen? Yes No

You should be aware of these special medical conditions/needs of my child (dietary, asthma, walking assistance, bee sting allergies, etc): _____

Is your child currently under a physician or counselor's care? (Yes ___ No ___) If yes, please explain:

Family Physician: _____

Youth Social Security # (hospital use only): _____

Family Health Insurance Company: _____

Youth Birth Date: _____

Policy Number (Individual): _____

Benefit/Plan/Group #: _____

In case of emergency notify: _____

Emergency Contact Relationship to youth: _____

Emergency Contact Daytime Phone: _____

Emergency Contact Evening Phone: _____