

ARCHDIOCESE OF LOUISVILLE
YOUTH MEDICAL/PERMISSION FORM
NATIONAL CATHOLIC YOUTH CONFERENCE
NOVEMBER 21-23, 2019, INDIANAPOLIS, INDIANA

Youth Name _____

(First) Name for Badge: _____

(Enter the name the person prefers to be called. Ex. Muffy or Junior)

Address _____ City _____ State _____ Zip _____

Participant's Cell Phone # _____ School _____

Grade at time of NCYC: _____ Gender: Male _____ Female _____ Date of Birth _____

Ethnicity: (select one of the following)

Asian/Pacific Islander; Black; Hispanic; Native American; White; Multi-Ethnic; Not Known; Other.

Primary Language: (select one of the following) English; Spanish; ASL; Other.

I give my permission for my child to participate in the **National Catholic Youth Conference** from **November 21-23, 2019** sponsored by the National Federation for Catholic Youth Ministry. I further give my permission for my child to ride in any vehicle designated by the adult in whose care my child has been entrusted while participating in the above activities.

In consideration of permitting my child to attend and/or participate, I do hereby, for myself and my child waive and release any and all claims that I might have against the Office of Youth and Young Adults of the Archdiocese of Louisville and any designated driver of a van, bus, car or vehicle, for any and all injuries or losses suffered by said child while engaged in the above activities.

Is your son/daughter in general good health, and able to participate in all normal activities?

Yes _____ No _____ (If not, please submit a statement indicating limitations.)

Allergies: _____

Is your child currently taking any medication? _____

If yes, list type of medicine _____

Do we have your permission to dispense Tylenol, if needed? _____

In case of any medical emergency, I understand that every effort will be made to contact the parents or guardians of the child participating in the National Catholic Youth Conference. In the event that I cannot be reached, I hereby give permission to the physician selected by the Director of Youth Ministry for the Archdiocese of Louisville or my parish's adult chaperone to secure proper treatment for my child, as named herein. I also give my permission for the use of photographs/video, which may include my child, to be used by the Archdiocese for promotional purposes of this event.

Mother/Guardian Name: _____ Phone Number: _____

Father/Guardian Name: _____ Phone Number: _____

Participant's Health Insurance Company: _____

Policy Number: _____

Signature of Parent/Guardian: _____ Date: _____