

FORM A: ANNUAL CONSENT AND RELEASE



DIOCESE OF WILMINGTON

PARISH/INSTITUTION ANNUAL PARENTAL CONSENT AND RELEASE FORM

PARISH/SCHOOL _____

Personal Information

Full Name of Child			
Address			
City	State	Zip	
Home Phone	Date of Birth ____/____/____	Age	
Family E-Mail			
Participant Email	Participant Cell Phone		

Providing participant email and cell phone grants permission for electronic communication from group leader to this young person in regards to all group activities, in accord with diocesan guidelines.

Medical Information

Family Doctor	Phone
Family Dentist	Phone
Insurance Provider	Policy# Acct./ID#

- * ☐ Yes ☐ No Has the young person ever been seen by a heart specialist for a heart condition?
- * ☐ Yes ☐ No Has the young person had a broken bone in the past six (6) months?
- * ☐ Yes ☐ No Has the young person had surgery in the past six (6) months?
- * ☐ Yes ☐ No Is the young person currently taking prescribed medication(s) that could inhibit strenuous physical activity?
- * ☐ Yes ☐ No Is the young person allergic to bee stings?*
- * ☐ Yes ☐ No Does the young person have asthma?*
- * ☐ Yes ☐ No Are there any serious medical conditions of which the Youth Minister, Director/Coordinator of Religious Education, Principal/School Nurse should be aware?*

*If you answered 'yes' to any of the above, it is the responsibility of the parent/guardian to check with parish/school representatives to ensure those items identified with an * above will not endanger the young person.

**CYM requires that participants be able to self-administer the epi-pen and/or inhaler without assistance.

Current Prescription Medications

Please list all allergies related to medicine, food, latex, etc.

If your child has a life-threatening allergy, you **must** discuss said allergy with the group leader.

If necessary, the group leader is permitted to administer the following medications (or generic equivalent) to my child:

- ☐ Advil ☐ Tylenol ☐ Motrin ☐ Aleve ☐ Halls (cough drops) ☐ Imodium ☐ Calamine Lotion
- ☐ Claritin/Zyrtec ☐ Benadryl ☐ Robitussin (cough syrup) ☐ Triple Antibiotic Ointment ☐ Other _____

Parent/Guardian Information (Mother)

Full Name of Mother/Stepmother			
Home Phone	Cell Phone		
Place of Employment			
Work Phone			

Parent/Guardian Information (Father)

Full Name of Father/Stepfather			
Home Phone	Cell Phone		
Place of Employment			
Work Phone			

School	Teacher	Grade	Homeroom
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