

# LOCK-IN FOR

Lifeteen  
9-12 Grades

**PLEASE BRING \$5 TO HELP WITH COSTS**

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**SATURDAY, MAY 2ND**

Meet in the Dome at 4:00 pm

We will attend the 4:30 pm Mass and spend the night no-one will be allowed to leave until 7:30am unless a parent checks you out. We will have doughnuts the next morning only.

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Please Bring a Sleeping Bag, PJ's, Hygiene items etc.  
All permission forms should be turned into Ms. Gayle by April 26<sup>th</sup> so we can plan on activities and food. If you want to donate any food or drink items, it is greatly appreciated.

# Diocese of Orlando Parental/Guardian Medical Information & Consent Form

**Participant's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Address** \_\_\_\_\_ **City/State/Zip** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_  
**Father's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Mother's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Emergency Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Language Spoken by Emergency Contact:** \_\_\_\_\_

## Medical Matters

I hereby warrant to the best of my knowledge, all the information provided is true and correct and I assume all responsibility for the health of my child. I understand it is my responsibility to update the Medical Information & Consent Form if there are any changes to my child's health. *(Please initial)* \_\_\_\_\_

### **Emergency Medical Treatment**

In the event of an emergency, I hereby give permission to transport my child to a hospital/clinic for emergency medical or surgical treatment. *(Please initial)* \_\_\_\_\_

**Family Doctor** \_\_\_\_\_ **Phone** \_\_\_\_\_

### **Medications**

I hereby **Grant Permission** for my child to be given the following provided medications. All medications must be well labeled. [NOTE: Any/all prescription medications must be in original pharmacy container with young person's name on the prescription label. Non-prescription/over-the-counter medications must be in original container with young person's name on the container.] I release and hold harmless (entity name) \_\_\_\_\_, the Diocese of Orlando and any other religious, employees, volunteers, agents and representatives from any injury or harm resulting from administering the medication. *(Please initial)* \_\_\_\_\_

Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency, are as follows:

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Administer: \_\_\_\_\_  
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**Medical Conditions Information:** (Reasonable steps will be taken to keep this information confidential, but it will be shared with Diocesan personnel and others, as warranted.)

My son/daughter:

- Is allergic to the following medications \_\_\_\_\_
- Has had an episode of the following or has been diagnosed with:  Seizures  Asthma  Diabetic
- Has had allergic reactions to the following (foods, dyes, latex, etc.) \_\_\_\_\_
- Has had a medical surgery within the last six months?  Yes  No      Still under doctor's care?  Yes  No
- Has a medically prescribed diet *(please explain)* \_\_\_\_\_
- Has the following physical limitations \_\_\_\_\_
- Immunizations current and up to date?  Yes  No      Date of last tetanus/diphtheria immunization \_\_\_\_\_
- You should also be aware of these special medical conditions of my child: \_\_\_\_\_

## Insurance Information

**No, I do not carry medical insurance at this time.**

**I do carry medical insurance at this time.**

**Insurance Carrier:** \_\_\_\_\_ **Name of Insured:** \_\_\_\_\_

**Insurance Policy Number:** \_\_\_\_\_

**In the event the participant does not have insurance, payment in full for medical care becomes the responsibility of the participant's parent/guardian.**

I fully understand the foregoing statements and sign this Medical Information & Consent Form knowingly, freely, and willingly.

Parent/Guardian Signature *(must sign for any participant under 18 &/or 18 or older & in high school)* \_\_\_\_\_

Date \_\_\_\_\_

4/2013



# Parental Guardian Consent Form & Liability Waiver

(This form is required for minors to attend an off property event or trip).

Applicant Information			
Participant's Name:		Date of Birth:	
Address:		City	State: Zip:
Home Phone:		Parent/Guardian's Name:	
Cell Phone:	Work Phone:	Other number where Parent/Guardian can be reached <u>during</u> event:	

Consent & Liability Waiver	
<b>Important! To be filled out by the Parent/Guardian for youth under 18 years of age and individuals age 18 or older <u>and</u> in high school.</b>	
In consideration of the program in which my son/daughter will participate, I, as parent or guardian of my son/daughter, do hereby agree to allow my son/daughter to accompany (entity name) _____ to:	
Event & Location:	Date & Time:
<input type="checkbox"/> Transportation Not Provided <input type="checkbox"/> Transportation Provided	Method of Transportation:
I acknowledge that (entity name) _____ is providing transportation only from _____ to and from the event. I acknowledge and assume the risk of this transportation for my child. My child must comply with (entity name) _____ rules and procedures. By granting this permission, I also waive any claims against, and <b>RELEASE AND HOLD HARMLESS AND INDEMNIFY</b> , (entity name) _____, The Diocese of Orlando, any of their religious, employees, volunteers, agents and representatives from any liability, claims, demands and causes of action arising out of or relating to any loss, damage or injury sustained in connection with or arising out of my child's participation in the program.	

\_\_\_\_\_  
 Parent/Guardian Signature Date  
*(must sign for any participant under 18 &/or 18 or older & in high school)*

**Participant:** In signing the line below, I agree to abide by any/all policies established for this event/activity. Should I not be able to maintain the guidelines and expectations of the adults and my peers, I understand there will be consequences for my actions, including being removed from the activity and being sent home at my parents/guardian's expense.

\_\_\_\_\_  
 Participant's Signature Date

Insurance Information			
<input type="checkbox"/> No, I do not carry medical insurance at this time. <input type="checkbox"/> I do carry medical insurance at this time.			
Insurance Carrier:			
Name of Insured:		Insurance Policy Number:	
Father's Name:	Day Phone	Mother's Name:	Day Phone:

**In the event the participant does not have insurance, payment in full for medical care becomes the responsibility of the participant's parent/guardian.**

**PHOTOGRAPHY AND IMAGE ASSIGNMENT, WAIVER, AND RELEASE**

*As you review this photo release form, please do so with regard to any particular considerations of photos of your child being available on-line or in print.*

I, \_\_\_\_\_, for valuable consideration received, and for being allowed access to Diocesan property, activities, or events, expressly assign to **[Divine Mercy Catholic Church]** and the Diocese of Orlando, and to all of their current, former, and future agents and related entities (collectively, "the Diocese"), all rights, title and interest in, and to, the use of my and my child/ward's image or likeness, including, but not limited to all videotape recordings, photographs, or audio recordings of, or made by, me and/or my child/ward on Diocesan property, during a Diocesan-sponsored event, or for any other Diocesan purpose ("the Property"). The Diocese shall have, without my consent, the right to assign its rights in the Property, in whole or in part, to any entity, parish, or school within the Diocese of Orlando.

I hereby irrevocably grant the Diocese perpetually and exclusively, the right to use and incorporate (alone or together with other materials), in whole or in part, the Property, in any Diocesan publication, news release, or for any other purpose. Further, I hereby authorize the reproduction, sale, lease, copyright, exhibition, broadcast and/or distribution of the Property without limitation for any purpose whatsoever, and I further waive all rights to any compensation for my and/or my child/ward's appearance or participation in the Property.

I hereby waive any claims against and release the Diocese, its current, former, and future religious, employees, volunteers, agents, and successors and assigns from and against any and all claims, demands, actions, causes of actions, suits, costs, expenses, liabilities, and damages whatsoever that I and/or my child/ward may have against the Diocese in connection with the Property or the use of the Property.

This release shall not obligate the Diocese to use the Property or to use any of the rights granted hereunder, or to exhibit, distribute, or exploit the Property. I acknowledge that the Diocese cannot control all photographic access to its properties, and that my child/ward's name may be printed with photos/images in various publications, including non-Diocesan publications.

I represent that I am eighteen years of age or older, and that I have read and understand the terms of this Assignment, Waiver, and Release.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Witness: \_\_\_\_\_

If applicable, name(s) of minor children/wards \_\_\_\_\_