

Email: \_\_\_\_\_

**Diocese of Birmingham in Alabama - Form CH-1**

Type or Print Clearly All Information

Child \_\_\_\_\_ Sex \_\_\_ Date of Birth \_\_\_\_\_  
 Parent(s)/Guardian(s) \_\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_  
 Home phone ( ) \_\_\_\_\_ Other phone( ) \_\_\_\_\_  
 I, (name of parent or guardian) \_\_\_\_\_ grant permission for my child  
 (name of child) \_\_\_\_\_ to participate in this parish youth  
 event that requires transportation to a location away from the site. This activity will take place under  
 the guidance and direction of personnel from Holy Spirit Parish.

A brief description of the activity follows:

Date of event/activity: Friday, July 28, 2017 to Saturday, July 29, 2017  
 Type of event/activity: High School Lock-In  
 Destination of event/activity: Holy Spirit Church Youth Room  
 Individual in charge of and responsible: Lori Lai 256-882-6483; 256-642-9508  
 Estimated time of departure and return: Friday, July 28, 2017, 8:00pm to Saturday, July 29, 2017, 8:00am  
 Mode of transportation: None  
 Cost: \$20.00

I do hereby further give consent for all emergency medical care (including surgery, if deemed necessary and recommended by at least two attending physicians) prescribed by a duly licensed physician for my child in the event of injury or illness to my child during the above named activity. This emergency medical care may be given under whatever conditions are deemed necessary, or whatever conditions may then and there exist, so as to preserve and protect the life, limb, health and well-being of my child.

In consideration of the parish or school allowing my child to participate in this event, I do hereby agree to forever indemnify, exonerate, hold-harmless and defend the owner and driver of the private motor vehicle, the parish, the pastor, and staff members and all youth ministry personnel, and the Bishop of Birmingham in Alabama, a corporation sole, and in said bishop's individual capacity, and their respective successors in office, from all claims, demands, actions, and causes of action, arising out of or in any way pertaining to any bodily injury or illness, including death, incurred by my child during the course of any said activities, and including emergency medical and/or surgical treatment for my child and whether or not said claim, demand, action or suit is based on, or alleged to be based on, in whole or part, the negligence, wantonness, or other similar conduct of any of The Indemnities.

Parent sign Initials here \_\_\_\_\_

This Indemnity applies, in all events, to the extent that such an injury, damage, illness, or death to my child is not covered by applicable or enforceable liability insurance available to The Indemnities, or when the amount of liability exceeds the said insurance policy limits. I assume all risks and hazards incidental to or attendant with my child's participation in the above named activity, and in each phase of it.

I request that in the event of any medical or other emergency involving my child during the above named event, when neither myself or the child's other parent is readily available to be contacted by phone, that the adult supervisor contact the following person, who will have authority to speak for me with respect to the emergency needs of my child.

Alternate Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone(s) of Alternate: \_\_\_\_\_

Signature(s) of Parent/Guardian: \_\_\_\_\_

**COMPLETE BACK OF THIS FORM ALSO!**

Name \_\_\_\_\_

**MEDICAL INFORMATION**

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Family  
Health Plan Carrier: \_\_\_\_\_ Policy/Contract Number:  
\_\_\_\_\_  
Phone: \_\_\_\_\_ Name of Policy Holder:  
\_\_\_\_\_

**Optional:**

My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage, and frequency of dosage are as follows:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Optional Instruction:**

Do not give non-prescription medication of any kind to my child without my express permission. Exceptions:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Allergic Reactions (medications, foods, plants, insects, etc.) \_\_\_\_\_

Date of last tetanus: \_\_\_\_\_ Special Dietary Considerations: \_\_\_\_\_

Physical Limitations: \_\_\_\_\_ You should be aware of these special medical or psychological conditions of my child:

**CODE OF CONDUCT**

I hold that my child will conduct himself/herself in a proper manner and failure to abide by standard codes of conduct will cause my child to be dismissed from the above named event. I understand that if my child is dismissed from the event I will be expected to travel (or send an adult designee) at my expense to the event location and retrieve my child.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_