

Christ Church
Christiana Hundred
P. O. Box 3510, Greenville
Wilmington, Delaware 19807-0510

MANDATORY MEDICAL RELEASE FORM – YOUTH AND ADULT PARTICIPANTS
For Single-Day/Weekend Youth Events and Activities

The information that is provided by this form is gathered to assist us in identifying the appropriate care, in the case of a medical emergency, for those who attend diocesan Youth Ministry events and activities. This form *must* be completed and signed by *all* participants, both youth and their adult chaperones, of all diocesan Youth Ministry events and activities. When this form is completed for youth (under the age of 18) a parent/guardian/adult parish sponsor signature is required or this form is invalid. Those representing diocesan Youth Ministry in an official capacity at all events have the right to refuse any attendees who do not provide this information before or during registration for a particular event or activity.

Diocesan Safe Church policy requires that one adult attendee, acting as chaperone, be present per every five youth at all times during Youth Ministry events and activities. This adult chaperone *must* be of the *same* sex as the group of youth. And so, if there is a mixture of youth of *both* sexes in a particular group then there *must* also be adult chaperone attendees of *both* sexes present with that group at *all* times during Youth Ministry events and activities. Those representing diocesan Youth Ministry in an official capacity at all events have the right to refuse any attendees who do not provide the proper number of adult chaperones for a diocesan-sponsored event or activity.

PARTICIPANT INFORMATION (please print legibly)

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____

DATE OF BIRTH _____ / _____ / _____ AGE _____ GENDER: M _____ F _____
(month/day/year)

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMERGENCY CONTACT NAME _____

RELATION _____ EMERGENCY CONTACT PHONE (_____) _____

STREET ADDRESS _____
(if different from above)

CITY _____ STATE _____ ZIP _____

INSURANCE CARRIER _____ ID NUMBER _____

GROUP NUMBER _____ NAME OF PRIMARY INSURED _____

ALLERGIES _____
(food, medication, insects, etc.)

INDICATE ANY OTHER KNOWN MEDICAL CONDITIONS THAT WE SHOULD BE AWARE _____
(seizures, diabetes, low blood sugar, heart problems, asthma, etc.)

In the case of a medical emergency, I give permission to have my child/myself to be evaluated and treated by qualified medical personnel. I understand that every attempt will be made to notify me/others identified by the information provided by me on this document in such an event. The adults in charge have my permission to authorize any further medical care, which in their judgment, they deem necessary and to sign any medical forms necessary on my child's/my behalf. This form is good for one year from the date below and may be kept on file at my parish for all diocesan single-day/weekend youth events and activities. A copy of this document must be brought to every diocesan Youth Ministry event or activity by the adult chaperones for each group.

SIGNATURE _____ RELATIONSHIP _____ DATE _____
custodial parent/guardian signature (for all youth under 18 years of age) or adult chaperone/attendee

Phone (302) 655-3379
Fax (302) 655-2259