

**WAIVER, RELEASE, AND MEDICAL INFORMATION**  
CATHOLIC DIOCESE OF EVANSVILLE

Youth's Name: \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

School/Church : St. Isidore Catholic Parish Student cell phone: \_\_\_\_\_

**Event:** St. Izzy's **Week of Work & Worship** (entering 8<sup>th</sup> grade High School and young adults)

**Date(s) of Event:** June 8, 9,10 8:00am till 10:00pm

Masses: Tues. 6:30pm at SC, Wed. 8:00am at SR, Thurs. 8:00am at SR

The day will begin at 8:00am at St. Raphael Campus and Breakfast at 9:00am. Lunches will be sent to sites with students and adults. Dinner will be served at St. Celestine Campus at 5:00pm. The evening after 5pm dinner will consist of speakers and entertainment, and worship and music by Lee Roessler.

We will practice social distancing, sanitizing, sanitary practices, temperature checks, day & evening, and work session participants sign in sheets. Service projects will focus on outdoor projects.

Participants will need to bring sunscreen, water bottles, a face mask.

Those that are driving will transport themselves to work sites. Those that do not have their own transportation will work within walking distance to the two campuses.

I will have my own vehicle \_\_\_\_ I will be driving with a family member \_\_\_\_\_

Student driver: \_\_\_\_\_ Passenger: \_\_\_\_\_

Those being dropped off with no vehicle will need to be picked up at 3:00pm at the St. Raphael Campus. From 3:00pm till 5:00 is free time that they can go home for showers or taken to the St. Celestine Campus that they can relax or activities will be available. Dinner will then be served at 5:00pm at St. Celestine.

Adult Driver: \_\_\_\_\_ Phone: \_\_\_\_\_

I/We, the parents(s) of the above-named youth, hereby give my/our approval for his/her participation in the above event. I/We assume all risks and hazards incidental to the conduct of the activities and transportation to and from the event. I/We do further hereby waive, release, absolve, indemnify and hold harmless the Bishop of the Catholic Diocese of Evansville, St. Isidore Parish, and Rev. Jeff Read, Pastor and any of their respective affiliates, successors, agents, employees, members, and representatives, adult sponsors, and other volunteers involved in the activities and transportation associated with the event from any and all claims, including claims of personal injury to my/our youth or property damage, under any theory of law (including negligence, but not reckless or intentional conduct) in any way resulting from or arising in connection with the activities and/or transportation to and from and during the event and service projects.

Parent or Guardian's Signature **X** \_\_\_\_\_ Date \_\_\_\_\_

**EMERGENCY INFORMATION**

Family Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**PHONE NUMBERS FOR EVENT**

Parent number during event \_\_\_\_\_

Student cell phone \_\_\_\_\_

Contact Father at \_\_\_\_\_ Phone \_\_\_\_\_

Contact Mother at \_\_\_\_\_ Phone \_\_\_\_\_

If Guardian cannot be reached, call:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Parents living together? Yes No With whom does the child live? \_\_\_\_\_

**MEDICAL INFORMATION:**

List any chronic or existing disease or medical problems (e.g. diabetes, epilepsy)

List any instructions for care of the above if it becomes necessary :

List any medications your child is taking on a regular basis: (SEE BELOW)

**List any food or environmental allergies:**

In case of accident or serious illness I request the Youth Minister to contact me. If I cannot be reached, I hereby authorize the Youth Minister to make whatever arrangements the circumstances allow. It is understood and agreed that neither the Parish, Youth Ministers, nor the Catholic Diocese of Evansville is the insurer of my child's health and safety while he/she is at youth functions or engaged in supervised activities, including sports. I understand it to be my obligation to provide such insurance as I may desire to purchase to protect myself and my child against the costs of sickness or injury. If the above named child needs emergency medical treatment, and neither a parent nor the designated family physician can be contacted, consent is hereby granted for such emergency treatment as may be considered necessary in the opinion of the attending physician.

Parent or Guardian's Signature X \_\_\_\_\_ Date \_\_\_\_\_