

CHRIST THE KING YOUTH MINISTRY
HEALTH INFORMATION/RELEASE OF LIABILITY/CONSENT TO TREAT

First Name _____ M.I. _____ Last Name _____

Address _____ City/State/Zip _____

Name of Parent(s) _____

Parent Home Telephone No. _____ Parent Cell No. _____

Health Insurance Company _____ Policy No. ID# _____

Address of Health Insurance Company _____

Youth _____ Adult _____ Grade _____ Birth Date _____ Male/Female _____ Blood Type (if known) _____

Are you currently under the care of a physician? _____ (If yes, please explain on the reverse side.)

Are you currently being treated by a physician for a chronic condition? _____ (if yes, please explain on the reverse side)

Name of Family Physician _____ Telephone No. _____

Last Tetanus Shot: _____ Month: _____ Year: _____ **(Tetanus shots are effective for ten years)**

Allergies to Drugs and/or Foods: _____

Special dietary needs or restrictions? _____

Special medications or pertinent medical information: _____

I/we request that my/our son/daughter attend the **Appalachia Help Week 2010** under the auspices of the Church of Christ the King to be held on **July 18th – 24th, 2010**. I/we have read the foregoing **Health Information/Release of Liability/Consent to Treat Form**, and the answers are all correct. I/we can be reached at the telephone numbers referred to above, but if emergency medical care or treatment shall be necessary, and I/we cannot be contacted, I/we authorize the delegated agents of Christ the King Youth Ministry to act on my/our behalf and approve appropriate treatment.

Release of Liability: The undersigned intends to participate in the **Appalachia Help Week** from **July 18th – 24th, 2010**, organized by the Church of Christ the King. The undersigned hereby agrees to forfeit any and all claims against the Parish, the Bishop, the Diocese of Paterson, and its agents, servants, volunteers, and employees arising during or as a result of the aforementioned activity. The undersigned hereby releases the Bishop, the Parish, the Diocese of Paterson, and its agents, servants, volunteers and employees from any and all liability, loss, cost, expense or damage, including suits, claims, and demands of every kind and nature, including punitive damages, arising out of or based upon any accident, injury, or damage, however occurring, which may happen on or off the Church of Christ the King premises, which in any way relates to or arises from the undersigned's participation in such off-Parish activity. The undersigned expressly releases the Church of Christ the King, the Bishop, the Diocese of Paterson, and its agents, servants, volunteers, and employees from any and all liability, damage, or loss which may be occasioned by reason of any defect in any vehicle, or through the acts of default of any person or company engaged in conveying passengers, or in carrying out the arrangements of the event, including losses due to delays or changes in means of transportation.

Signature of Participant/Student

Signature of Parent (required if participant is under the age of 18)

Please Print Name of Participant/Student

Date

This will be the _____ summer that I have participated in the Appalachia Help Week.

Please return this form to the parish offices with a **\$100** deposit check made out to: *Christ the King Youth Ministry* **by March 19, 2010**. P.O. Box 368, New Vernon, NJ 07976