

ADULT FORM G

DIOCESE OF COVINGTON
CONSENT FORM AND LIABILITY WAIVER

Participant's Name _____ Birth Date _____
Sex _____ Home Address _____
Home Phone _____ Business Phone _____

I agree on behalf of myself, my heirs, successors, and assigns, to hold harmless and defend **(name of parish)** _____, its officers, directors and agents, and the Diocese of Covington, chaperons, or representatives associated with the activity as described herein for any claim or damages to any person or property, arising from or in connection with my attendance at the activity or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents and the Diocese of Covington, chaperons, or representative associated with the activity for reasonable attorney's fees and expenses arising in connection therewith.

Signature _____ Date _____

ACTIVITY INFORMATION

Activity: NCYC Date: Nov. 16 – 19, 2017
Location Indianapolis, IN Phone (emergency) _____
Starting Time: Thurs. Nov. 16, 2017 AM Meeting Place: _____
Ending Time Sat. Nov. 19, 2017 AM Meeting Place: _____
Type of Transportation: Bus
Contact Person: Isaak A. Isaak Phone 859 392-1500 –x-1529
Other Information _____

LIMITED POWER OF ATTORNEY FOR HEALTH CARE

That I, _____, a resident of _____ County, _____, as parent and/or legal guardian of _____ (hereinafter "my minor child"), do hereby make, constitute and appoint _____ and _____ of _____ County, Kentucky, as my true (youth minister)

true and lawful attorney in fact (hereinafter "my attorney"), for myself and my minor child and in my name, place and stead, in my attorney's sole discretion, to make any and all health care decisions relating to my minor child while in the custody of my attorney. I give permission to my attorney to make decisions relating to any necessary medical treatment including but not limited to hospitalization, surgery, administration of medications, anesthesia or injections, for my minor child while in the custody of my attorney.

This instrument is intended to, and does hereby, grant to my attorney full power and authority to do and perform each and every act and thing whatsoever requisite, necessary, and proper to be done, in the exercise of any of the rights and powers herein granted as fully, to all intents and purposes, as I might or could do if personally present, and I hereby ratify and confirm all that my attorney shall do or cause to be done by virtue thereof.

I, on behalf of myself, my minor child and our heirs, assigns, executors and personal representatives, release, hold harmless and discharge forever my attorney, and his/her heirs, assigns, executors and personal representatives for any and all liability, claims, losses, damages, costs or expenses and waive any such claims arising directly or indirectly from health care decisions made by my attorney pursuant to this power of attorney.

I, on behalf of myself and my minor child, agree to be financially responsible for any and all health care treatment arising in connection with any illness or injury of my minor child and the costs thereof and I agree to compensate my attorney for any such costs.

The rights, powers and authority of my attorney shall commence on Nov. 16, 2017 and shall remain in full force and effect through Nov. 19, 2017 unless this power of attorney is revoked prior to that time.

IN TESTIMONY WHEREOF, witness my signature:

Printed name: _____

Signature: _____

Date: _____

**STATE OF KENTUCKY
COUNTY OF KENTON**

Subscribed, sworn to and acknowledged before me this _____ day of _____, 20__.

My Commission Expires: _____ Notary Public _____

Must be Notarized

FORM D

MEDICAL EMERGENCY FORM

Name (of Child) _____ Date of Birth _____
SS# _____ Address _____

IN CASE OF AN EMERGENCY, NOTIFY:

Name _____ Relationship; _____ Parent _____ Other _____
Address _____ City _____
State _____ Zip Code _____ Telephone Numbers: Home: (____) _____
Work: (____) _____ Cell: (____) _____

ALLERGIES (Please write YES if applicable)

Hay fever _____ Asthma _____ Sulfa _____ Poison Ivy _____
Penicillin _____ Bee Sting _____ Other _____

PLEASE CHECK IF INDIVIDUAL/CHILD HAS ANY OF THE FOLLOWING CONDITIONS:

Diabetes _____ Convulsions _____ Bleeding Disorders _____ Contact Lenses _____ Fainting Spells _____
Heart Trouble _____ Prosthesis _____ Migraine Headaches _____

If any of the above items are YES, please submit statement of how the individual/child has been treated and with what medications.

PLEASE CHECK APPROPRIATE RESPONSE:

YES _____ NO _____ I/My child can be given aspirin or Tylenol if needed for minor pain.

YES _____ NO _____ I/My child have/has a medical condition. If yes, please describe;

YES _____ NO _____ I/My child am/is taking medication. If so, please list name, dosage and medical condition: _____

YES _____ NO _____ Treatment received for any illness/injury within the last year?

If yes, please explain: _____

In case of emergency, I understand that no effort may be made to contact parents or guardian prior to emergency treatment. I hereby give permission to any physician, hospital and/or health care personnel to secure proper treatment for hospitalize, and to order injections, medication, anesthesia, surgery or other necessary treatment for my child named above. I also give permission to secure proper emergency medical transportation.

HEALTH INSURANCE CO. _____ POLICY NO. _____

FAMILY PHYSICIAN _____ FAMILY PHYSICIAN TELEPHONE _____

DATE: _____
(Signature of Parent/Guardian)

STATE OF _____ COUNTY OF _____

The foregoing was acknowledged before me this _____ day of _____, _____.

My Commission Expires: _____ Notary Public _____

FORM C

PARENTAL CONSENT AND WAIVER OF LIABILITY

Child's Name _____ Date of Birth _____
Parent/Guardian's name _____
Home Address _____
Home telephone _____ Business telephone _____

I, _____, grant permission for my child _____, to participate in the Diocesan/parish/school event described below which requires transportation away from the parish/school. I understand that this activity will take place under the guidance and direction of diocesan/parish/school employees and/or volunteers (hereinafter "chaperones").

DATE AND TIME: PM on Nov. 16, 2017 returning early AM on Nov. 19, 2017

TYPE OF EVENT: National Catholic Youth Conference

DESTINATION: Indianapolis, IN

MODE OF TRANSPORTATION: Executive Charter, Inc. Buses

In consideration of my child's participation in this event, on behalf of myself, my child, and our heirs, assigns, executors and personal representatives, I release, hold harmless and discharge forever the Diocese of Covington and _____, their respective officers, directors, employees, agents and chaperones from
(Name of parish or school)

any and all liability, claims, losses, damages, costs or expenses and waive any such claims against any such person or organization arising directly or indirectly from or attributable in any legal way to any action, omission or any other act of any such person or organization in connection with my child's participation in this event. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by my child. I agree on behalf of myself, my child, and our heirs, assigns, executors and personal representatives, to hold harmless

And defend the Diocese of Covington and _____, their respective officers, directors, employees, agents, and chaperones from any claim or damages to any person or property, arising from or on connection with my child's participation in this event or in connection with any illness or injury or the cost of medical treatment of my child, and I agree to compensate the Diocese of Covington, and _____,
(Name of parish/school)

their respective officers, directors, employees, agents and chaperones for reasonable attorney's fees and expenses arising in connection therewith. I agree that my child will cooperate with the chaperones and that the Diocese of Covington and _____ will not be liable if my child fails to obey the chaperones and that
(Name or parish or school)

infractions may result in termination of my child's participation. In such event, I further agree to be financially responsible for any costs in other required expenses necessary to transport my child home.

Parent/Guardian Signature _____ Date _____

Child's Signature _____ Date _____