



# Diocese of Springfield Youth Department Medical Release and Permission Form

**For your information, we expect each student to conform to these rules of conduct**

- No possession or use of alcohol, drugs, or tobacco
- No students may leave the group early without written parental approval
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing or language
- Participation with the group is expected at all times
- Respect the property of everyone including, but not limited to the bus and the retreat center
- Respect one another, staff and adult leaders as well as others attending the retreat
- Respect and comply with event schedules, to include bed times and lights out times set by Diocesan leaders

**Parents will be contacted and required to pick up students who fail to comply with these expectations.**

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in the Diocese of Springfield Youthquake trip. I agree to abide by the stated personal limitations and code of conduct.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ has my permission to attend the Diocese of  
NAME OF STUDENT

Springfield Department Youthquake trip on January 18-20, 2008.

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Diocese of Springfield and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Diocese. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Diocese, its priests, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Diocese, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_