

St Isaac Jogues  
3 Lord Place  
Marlton, NJ 08053

YOUTH LIABILITY/MEDICAL RELEASE FORM

PLEASE PRINT CLEARLY:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Teen's Cell: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail: \_\_\_\_\_

**PARENT / GUARDIAN:** I, \_\_\_\_\_ (name), give permission to my above-named son/daughter to attend St Isaac Jogues events on Church grounds as well as off site locations. If needed for health reasons,

I give permission for my child to be evaluated, diagnosed, treated and/or given medication in accordance with standard medical practice by licensed medical personnel. I relieve St Isaac Jogues Parish, Chaperones, Youth Ministers and Advisors, The Trenton and Camden diocese of all responsibility and consequences that may arise as a result of this treatment. I will not hold any of the above financially responsible as a result of scheduling medical treatment.

My child agrees to abide by all rules and regulations stated by the Dioceses of Trenton and Camden. I understand that any Chaperone, Group Leader representing these dioceses will not be held liable if my child fails to cooperate with regulations, and that any infraction of the rules may result in immediate dismissal from the youth rally at my expense.

I give permission to the Trenton and Camden dioceses, St Isaac Jogues Parish and any of the parishes within the Dioceses mentioned.

to photograph, videotape and/or film my child and to use his or her image in photographs, video, and/or film for the purpose of promoting the mission, activities and programs of St Isaac Jogues Parrish. I understand that I and my child are not entitled to any compensation or rights in these materials, and I release St Isaac Jogues, the Trenton and Camden Dioceses, as well as any Parish in the Dioceses from any liability for the use of my child's image for the above stated purposes.

SIGNATURE OF PARENT/LEGAL GUARDIAN \_\_\_\_\_

Date \_\_\_\_\_

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

Phone # \_\_\_\_\_

Allergies or Medical Conditions (be specific) \_\_\_\_\_

Current

Medications \_\_\_\_\_

Medical History (be specific) \_\_\_\_\_

Medical Insurance Provider \_\_\_\_\_ Insurance # \_\_\_\_\_

*In case of emergency, please contact:*

Name \_\_\_\_\_

Home \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_

Home \_\_\_\_\_ Cell \_\_\_\_\_