Camp CAYOCA 2019 Consent and Liability Waiver

Cost/Deadline: $175 per camper to be paid before **May 23, 2019**.

Mail form to: Diocese of Sioux City; Youth Ministry • 1821 Jackson St. • Sioux City, IA 51105
OR E-mail document to: karis@scdiocese.org
OR Bring completed and signed copy of form with camper to check-ins

**The diocese must have this form in order for your child to stay at camp

Camper #1

I, _____ grant permission for my child (or self), _____, to participate in this parish event that requires transportation to a location away from the parish/school site. This activity will take place under the guidance and direction of parish employees and/or volunteers from the Diocese of Sioux City. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant").

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Diocese of Sioux City, its officers, directors, employees, chaperones, representatives and agents associated with the event, from any claim arising from or in connection with my child (or self) attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Diocese of Sioux City, its employees and agents and chaperones, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/diocese.

Pictures of my child (or self) taken during the event may be used in print or electronic media for the purposes of publicity for future events, unless I indicate to the Diocesan Youth Ministry Director in writing to the contrary.

MEDICAL MATTERS:

I hereby warrant that to the best of my knowledge, my child (or self) is in good health, and I assume all responsibility for the health of my child (or self). (Of the following statements pertaining to medical matters, sign only those that are applicable.)

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child (or self) to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name & Relationship _____ Phone Number _____
Family Doctor _____ Phone Number _____
Family Health Plan Carrier _____ Policy Number _____

Other Medical Treatment: In the event it comes to the attention of the parish, its officers, directors and agents, and the Diocese of Sioux City, chaperones, or representatives associated with the activity that my child (or self) becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reversed to myself).

Medications: My child (or self) is taking medication at present. My child (or self) will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

_____
_____

Choose One & Initial:

_____No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

_____I hereby grant permission for non-prescription medication (such as non-aspirin products, i.e. acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child (or self), if deemed appropriate.

Specific Medical Information: The diocese will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.)

_____
_____

Date of last tetanus/diphtheria immunization: _____Does child (or self) have a medically prescribed diet? _____
Any physical limitations _____
Is the child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting? _____

Signature: _____ **Date:** _____

Camper #2

I, _____ grant permission for my child (or self), _____, to participate in this parish event that requires transportation to a location away from the parish/school site. This activity will take place under the guidance and direction of parish employees and/or volunteers from the Diocese of Sioux City. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant").

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Diocese of Sioux City, its officers, directors, employees, chaperones, representatives and agents associated with the event, from any claim arising from or in connection with my child (or self) attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Diocese of Sioux City, its employees and agents and chaperones, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/diocese.

Pictures of my child (or self) taken during the event may be used in print or electronic media for the purposes of publicity for future events, unless I indicate to the Diocesan Youth Ministry Director in writing to the contrary.

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I hereby warrant that to the best of my knowledge, my child (or self) is in good health, and I assume all responsibility for the health of my child (or self). (Of the following statements pertaining to medical matters, sign only those that are applicable.)

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Name & Relationship _____ Phone Number _____
Family Doctor _____ Phone Number _____
Family Health Plan Carrier _____ Policy Number _____

Other Medical Treatment: In the event it comes to the attention of the parish, its officers, directors and agents, and the Diocese of Sioux City, chaperones, or representatives associated with the activity that my child (or self) becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reversed to myself).

Medications: My child (or self) is taking medication at present. My child (or self) will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

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_____

Choose One & Initial:

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Any physical limitations _____
Is the child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting? _____

Signature: _____ **Date:** _____

Refund Policy: After a written request received before May 23, registration fee refunded minus $75.00 processing fee. After May 23, no refunds will be given.