

Diocese of La Crosse  
Adult Comprehensive Medical Release & Permission Form

**Contact Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Male  Female

Parish Name/City: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #s: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Physician: \_\_\_\_\_ Clinic/Hospital: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Medical History**

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which you are subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. The parish/Diocese of La Crosse will take reasonable care to see that the following information will be held in confidence. Some activities may be physically strenuous (especially mission trips and camps). If you desire to limit your participation in any way, please submit your wishes in writing prior to the trip.

1. Are you in good health and able to participate in normal activities?  Yes  No  
If not, please submit a statement indicating limitations and/or restrictions.

2. Please give the date of your most recent physical examination: \_\_\_\_\_

3. Immunization History (Please give dates)

Date of last Tetanus Shot: \_\_\_\_\_

*Please fill in below only for foreign mission trips:*

DPT \_\_\_\_\_ DPT Booster \_\_\_\_\_ Polio Booster \_\_\_\_\_ Polio Series \_\_\_\_\_

Other, if any necessary, for specific trip: \_\_\_\_\_

\*Note: You are responsible for consulting your doctor about immunizations necessary for foreign missions.

4. Allergies

Pollens \_\_\_\_\_ Medications \_\_\_\_\_ Food \_\_\_\_\_ Insect bites \_\_\_\_\_

Please note specifics: \_\_\_\_\_

5. Have you ever suffered from or been treated for any of the following:

Asthma \_\_\_\_\_ Epilepsy/seizure disorder \_\_\_\_\_ Heart trouble \_\_\_\_\_  
Diabetes \_\_\_\_\_ Frequently upset stomach \_\_\_\_\_ Physical handicap \_\_\_\_\_  
Depression \_\_\_\_\_ Emotional/Mental Disorder \_\_\_\_\_ Other \_\_\_\_\_

6. Operations, serious injuries, or major illnesses in the past year:

\_\_\_\_\_ Dates: \_\_\_\_\_

7. Have you recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc.? If so, list date and disease or condition: \_\_\_\_\_

8. Do you have a medically prescribed diet?  Yes  No

9. You are a  swimmer  non-swimmer

"

V/Uj k vUy gcvuj kvUk g'k'Cr r kcdrg+''''

**Medical Treatment**

*Emergency Medical Treatment:* In the event of an emergency, I hereby give permission to transport me to a hospital for emergency medical or surgical treatment at my expense. In the event of an emergency, please contact the emergency contact listed above.

Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**Permission to Use Participant Photos**

You have my permission to use my photos for commercial purposes (ex: advertising this event in flyers, on the web, etc.).

Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**Statement of Truth and Accuracy**

I hereby certify that all of these statements are true and accurate to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DIOCESE OF LA CROSSE  
ADULT HOLD HARMLESS/INDEMNITY AGREEMENT  
FIELD TRIP LIABILITY WAIVER (ADULT)**

PARISH \_\_\_\_\_

PARISH is understood to include the Diocese of La Crosse and the Bishop.

ACTIVITY PARTICIPANT OR FACILITY USER: \_\_\_\_\_  
(Enter Your Name)

DATES OF ACTIVITY OR USAGE: \_\_\_\_\_  
(Enter the Date of Activity)

TYPE OF ACTIVITY OR USAGE: \_\_\_\_\_  
(Enter the Name of Activity/Event)

The above named ACTIVITY PARTICIPANT OR FACILITY USER agrees to defend, protect, indemnify and hold harmless the above named PARISH, THE DIOCESE OF LA CROSSE AND ITS BISHOP against and from all claims arising from the negligence or fault of the above named ACTIVITY PARTICIPANT OR FACILITY USER or any of their agents, family members, officers, volunteers, helpers, partners, organizational members or associates which arise out of the above named ACTIVITY OR USAGE at the above named PARISH.

Additionally, the above named ACTIVITY PARTICIPANT OR FACILITY USER agrees to protect, defend, hold harmless and fully indemnify the above named PARISH, THE DIOCESE OF LA CROSSE AND ITS BISHOP for any claim or cause of action whatsoever arising out of the above mentioned ACTIVITY OR USAGE which takes place during the above identified DATE(S) OF ACTIVITY OR USAGE that is brought against the PARISH, THE DIOCESE OF LA CROSSE AND ITS BISHOP by the above named ACTIVITY PARTICIPANT OR FACILITY USER or their family members whether such claim arises from the alleged negligence of the PARISH, THE DIOCESE OF LA CROSSE AND ITS BISHOP, its employees or agents or ACTIVITY PARTICIPANT or FACILITY USER'S negligence. If any portion of this agreement is held invalid, it is agreed that the balance thereof, shall continue in full legal force and effect.

SIGNED BY: \_\_\_\_\_

NAME (Please Print): \_\_\_\_\_

DATE \_\_\_\_\_