

**Diocese of La Crosse
Adult Comprehensive Medical Release & Permission Form**

Contact Information

Name: _____ Dave 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 P

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

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V/Uj kt Uq g"*ADD \$15+""

T-Shirt Color: Berry Blue

Date of Background Check:

Date of Safe Environment Training:

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: _____

Chaperon Policies and Code of Conduct

I acknowledge that I have read, understand, and will follow the *Chaperon Policies and Code of Conduct*.

Initials _____ Date: _____

Alcohol and Drugs Statement

I understand that I may not bring or consume any alcohol and/or illegal drugs.

Initials: _____ Date: _____

Use of Social Network and Technology

I acknowledge that I have read, understand, and will follow the *Pastoral Guidelines for the Use of Social Networking and Technology*.

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 _____