

Erie Diocese Divine Mercy Encounter Medical Release Form

To be completed by the Divine Mercy Encounter (henceforth DME) participant/team member or by a parent/legal guardian in the case of a minor.

First & Last Name: _____

Age: _____

Primary Care Provider (Family Physician): _____

Physician Phone Number: _____

Family Health Insurance Company: _____

Medical Insurance Member ID/Number: _____

Medical Insurance Group Number: _____

Please list any physical/mental health information that might be needed by the DME staff: (dietary restrictions ****please be specific***, food or drug allergies, chronic conditions, recent or current injuries or illness, current medications – prescription or over-the-counter – and their purpose):

In the event of injury or illness to myself/my child during my/his/her participation in DME, I hereby give my permission to the adult staff for the necessary medical treatment to be given to me/my child.

Please list **emergency contacts** we may call for advice or direction in caring for you/your child in case of serious accident, illness, operation, or disaster warning. You must provide at least one.

Name: _____ Address: _____

Phone: _____

Name: _____ Address: _____

Phone: _____

Please sign after each medication that you authorize the DME staff to give you/your child during the weekend on _____.

The signature MUST FOLLOW each medication which you approve or that medication will not be given.

Ibuprofen: _____ Tylenol: _____

Aspirin: _____ Cough Drops/Lozenges: _____

Loperamide (diarrhea): _____ Tums (upset stomach): _____

Nasal Decongestant: _____ Antibiotic Ointment: _____

Hydrogen Peroxide (wound cleaning): _____

PHOTOGRAPHY: The undersigned also agrees to authorize DME to photograph, videotape and/or interview the named youth and agree that they may use or permit other persons to use the negatives, prints, video or interview prepared for such purposes and in such manner as may be deemed appropriate and necessary.

Check this box if you do not agree to have your child photographed, interviewed or videotaped.

I understand that if, for whatever reason, at any point in time, I decide to revoke this authorization, and I so notify DME in writing, references to the named youth (including images or interview) will no longer be used. Any website references will be removed within thirty (30) days of written notification. I further understand, however, that references to the named youth may continue to be used in any publication already printed or published prior to my revocation of the authorization provided herein.

PRINT Parent or Legal Guardian NAME Parent or Legal Guardian

SIGNATURE

Guardian(s) Phone Number(s) Date

INDEMNIFICATION: We, for ourselves and/or for our child, our respective heirs, and our respective legal representatives, so hereby indemnify and hold harmless the Divine Mercy Encounter Retreat, the Diocese of Erie, the DME Center, their agents, successors, legal representatives and any and all of their employees from any and all claims, demands, and causes of action of whatever kind and nature for their actions taken pursuant to this authority. We agree that in case of injury to myself/my child, we will apply our hospitalization and/or accident insurance toward the payment of expenses incurred.

If under 18 years old:

If over 18 years old:

Parent/Guardian Signature Date

Signature Date

Guardian Phone Number: _____