



# KNOWN

*FRASSATI FEST 2019*

Student Name: \_\_\_\_\_

Grade in School:     9       10       11       12

Are you coming with a parish group?   YES     NO

If yes, which parish group are you coming with? \_\_\_\_\_

**After you complete this paperwork, please do the following:**

- If you are coming with a parish group, return this paperwork to your parish group leader/youth minister with appropriate payment.
- If you are coming without a parish group as a Lost Sheep, please mail the paperwork and payment of \$265 to:

OEC - Meghan Bonham  
702 S. HighPoint Rd #225  
Madison, Wi 53719

\* \* Make checks out to **Diocese of Madison - OEC**

- If you're in need of financial assistance, we'd love to help! Just email [meghan.bonham@madisondiocese.org](mailto:meghan.bonham@madisondiocese.org)

MEDICAL INFORMATION AND PARENTAL/GUARDIAN CONSENT FORM/LIABILITY WAIVER

**In addition to the following medical information and waivers, please include a copy of your child's insurance card when returning your paperwork.**

Participant's Name: \_\_\_\_\_

I, \_\_\_\_\_ grant permission for my child, \_\_\_\_\_,  
Parent or guardian's name child's name

to participate in this parish/school 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/school employees and/or volunteers from

\_\_\_\_\_.

Name of parish/school

**A brief description of the activity follows:**

Type of Event: Frassati Fest February 1-3, 2019

Individual in charge (Parish Group Leader): \_\_\_\_\_ or Camp Gray Staff (Individual Registration)

Mode of Transportation to and from event: Parents or Personal Vehicles or Parish Chaperones

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 \_\_\_\_\_, its officers, directors, employees and agents, and the Diocese of Madison, Bishop Robert Charles Morlino, its employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my child 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/school, its officers, directors and agents, and the Diocese of Madison, its employees and agents and chaperones, or representatives 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/school or the Diocese of Madison.

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

**MEDICAL MATTERS:** I hereby warrant that to the best of my knowledge, my child is in good health and I assume all responsibility for the health of my child. (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 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, use the Emergency Contact, in the event that both parents/guardians have already been contacted.

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

**Medications:** My child is taking medication at present. My child will bring all such medications necessary IN THEIR ORIGINAL CONTAINERS 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. (Use an additional sheet of paper and attach, if needed.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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

Has your child received a tetanus/diphtheria immunization in the last 10 years?

Circle One: YES or NO

Has your child recently been exposed to contagious disease or conditions such as mumps, measles, chicken pox, etc?

Circle One: YES or NO

If so, list date and disease or condition: \_\_\_\_\_

**Madison Catholic Youth** :: Student Information Form :: 2018-2019

\* The Parish and Diocesan staff will take reasonable care to see that this information is held in confidence.

Student Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Parish & City: \_\_\_\_\_ T-Shirt Size (Adult Unisex): \_\_\_\_\_

Grade in School (2018-2019): 6      7      8      9      10      11      12      Birthdate: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Parent/Guardian #1 Cell Phone Number: \_\_\_\_\_ (Name) \_\_\_\_\_

Parent/Guardian #2 Cell Phone Number: \_\_\_\_\_ (Name) \_\_\_\_\_

Primary Family Email Address: \_\_\_\_\_

Student's Email Address: \_\_\_\_\_

**\* The emergency contact must be someone other than the parents/ In all emergency situations, parents will be the first contact**

Emergency Contact Name & Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Family Health Plan Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Allergies: \_\_\_\_\_

Dietary/ Food Needs: \_\_\_\_\_

Physical Limitations: \_\_\_\_\_

Please share other medical or behavioral information that would be helpful for the adult leaders to confidentially know about your child:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* To provide further details, please attach an additional sheet of paper.