

**Diocese of Kansas City – St. Joseph  
PARTICIPATION AND MEDICAL RELEASE FORMS FOR YOUTH EVENTS**

*This form should be completed by pilgrims who are 17 years old or younger or who have not yet graduated from high school.*

(Please Print)

**I. Event Information**

Parish/School/Organization Name: **Diocese of Kansas City – St. Joseph Respect Life Office**  
Event: **2019 March for Life** Destination: **Washington, D.C.**  
Date/Time of Departure: **Jan. 17, 2019 @ 2:15 a.m.** Date/Time of Return: **Jan. 19, 2019 @ 7:00 p.m.**  
Method of Transportation: **Bus** Participation Cost: **\$285 (Sep. 17 - Oct. 31, 2018)**  
**\$315 (Nov. 1 - Dec. 12, 2018)**

**II. Participant Information**

First and Last Name of Participant: \_\_\_\_\_  
Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

Emergency Contact Name/Phone: \_\_\_\_\_

**III. Participant Health Information**

*The following information must be completed by a parent or legal guardian. Additional information and or comments may be attached to this form.*

Physician's Name/Telephone: \_\_\_\_\_

Participant's Health Insurance Provider: \_\_\_\_\_

Policy or Group# \_\_\_\_\_

Primary Policyholder's Name: \_\_\_\_\_

1.) Is participant in general good health and able to participate in normal activities?  Yes  No  
If NO, please describe limitations: \_\_\_\_\_

2.) Are all immunizations up to date?  Yes  No

3.) This youth has been diagnosed with, or has experienced, the following condition(s):  
\_\_\_\_\_  
\_\_\_\_\_

Is medication required for this condition?  Yes  No

4.) Identify any medications (over-the-counter or prescription) that the Participant will be bringing to and/or using during the event:

Name of Medication	Dosage	When to Take
_____	_____	_____
_____	_____	_____
_____	_____	_____

**NOTE:** If youth will be taking any medications, either prescription or over-the-counter, on the pilgrimage OR if you would like to give permission to the youth's chaperone to provide over-the-counter medications if necessary, please complete the Consent for Medication Form below.

5.) Are there any restrictions for this youth?  Yes  No  
If YES, please list: \_\_\_\_\_  
\_\_\_\_\_

6.) Are there any specific treatments or special care required?  Yes  No  
If YES, please list: \_\_\_\_\_  
\_\_\_\_\_

7.) In case of medical emergency due to youth's health condition listed above, diocesan/parish staff should do the following:

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8.) List known allergies (e.g. medications, food, etc.):

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9.) Additional Comments:

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#### **IV. Permission of Parent/Guardian and Consent for Disclosure to Individual Involved in the Care and Treatment of Participant**

I/We, the parent(s)/guardian(s) of \_\_\_\_\_, request that he/she be allowed to participate in the Event described above, and hereby give my/our permission for such participation.

I/We consent to the logistics and conditions described above, including the method of transportation.

For the duration of the Event, I/We grant to the Diocese/Parish/School/Organization and its agents the following powers, to be used for the benefit of, and on behalf of, Participant:

...to receive any and all individually identifiable health information about the past, present and future medical condition of Participant including, but not limited to, information necessary to the care and treatment of Participant and any illness or injury Participant may have sustained;

...to authorize medical care for Participant including, but not limited to, any and all treatment, examination, diagnosis or outpatient medical care rendered under the general or special supervision of, and on the advice of, any physician or surgeon licensed to practice medicine by the applicable licensing body in the state in which physician or surgeon practices.

I/We understand that there is a risk of injury involved in any Youth Event. I/We hereby release the Diocese of Kansas City-St. Joseph, and its officers, agent, employees and volunteers, from any liability arising from claims of any kind or nature whatsoever in connection with the Participant's participation in the Event.

I/We understand that as parent(s) or legal guardian(s), I/we may be responsible for any liability which may result from the conduct of Participant at or during the Event.

I/We give my/our permission to the sponsoring Diocese/Parish/School/Organization to take photographs, video or digital images of Participant during the Event for future promotional purposes.

I/We, give my/our permission to the sponsoring Diocese/Parish/Organization and adult chaperone to contact the Participant directly for the duration of the Event. The complete social media policy is available at: [http://www.diocese-kcsj.org/\\_docs/Social-Media-2011.pdf](http://www.diocese-kcsj.org/_docs/Social-Media-2011.pdf)

Contact with the Participant is permissible via the following methods:

Phone call / voice message to this telephone number \_\_\_\_\_

SMS / text message to this telephone number \_\_\_\_\_

Email at this address \_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

*Forms will be kept on file in the Respect Life Office for a period of one year following the Event. For questions or concerns contact the Respect Life Office at 816-714-2367 or [francis@diocesekcsj.org](mailto:francis@diocesekcsj.org).*

Please return completed forms to:

**Respect Life Office  
Diocese of Kansas City-St. Joseph  
20 West 9<sup>th</sup> Street  
Kansas City, MO 64105**

**Diocese of Kansas City - St. Joseph  
CONSENT FOR MEDICATION**

Complete form if youth will *not* be accompanied by parent or guardian AND will be taking any medications, either prescription or over-the-counter (OTC); OR if parent or guardian gives permission to youth's chaperone to provide over-the-counter medications if necessary.

**HEALTH CARE PROVIDER CONSENT:**

As diocesan/parish personnel, we must have a **health care provider's order** before we are permitted to give any medications. This permission must be in written form and on file with the diocesan/parish Respect Life office. A new, signed form is required each fiscal year.

Youth Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Diagnosis/Reason for Medication(s) (prescription and over-the counter):  
\_\_\_\_\_

The Above Named Participant may receive:

- Prescription medication according to label instructions (**Prescription label serves in lieu of physician's order**)
- Non-prescription medication as directed:
  - Acetaminophen \_\_\_\_\_
  - Ibuprofen \_\_\_\_\_
  - Cough drops/throat lozenges \_\_\_\_\_
  - Anti-itch lotion \_\_\_\_\_
  - Allergy medication \_\_\_\_\_
  - Other \_\_\_\_\_

Special Instructions / Comments: \_\_\_\_\_  
\_\_\_\_\_

I request and authorize that the above named youth be administered the above medications as directed while participating in Youth Ministry Event.

_____ <b>Health Care Provider's Signature</b>	_____ <b>Date</b>
_____ Telephone	_____ Fax

**PLEASE NOTE: MEDICATION CANNOT BE DISPENSED FROM UNLABELED CONTAINERS. ALL PRESCRIBED MEDICATION MUST BE SENT IN A LABELED PRESCRIPTION CONTAINER FROM THE PHARMACY. ALL OVER-THE-COUNTER MEDICATION MUST BE PROVIDED IN THE ORIGINAL MANUFACTURED CONTAINER AND LABELED WITH THE YOUTH'S NAME AND DOSAGE.**

**YOUTH ARE NOT ALLOWED TO CARRY MEDICATIONS (PRESCRIPTIVE OR OVER-THE-COUNTER) WITH THEM. ALL MEDICATIONS ARE TO BE KEPT WITH DIOCESAN/PARISH STAFF MEMBERS. YOUTH WITH PROPER AUTHORIZATION MAY BE ALLOWED TO CARRY AND SELF-ADMINISTER ASTHMA OR OTHER MEDICATIONS FOR LIFE THREATENING CONDITIONS. *Contact the Diocesan/Parish Respect Life Office for more information.***

**PARENT/GUARDIAN PERMISSION:** I hereby give my permission for designated youth ministry personnel to administer the medication described above as directed by the licensed health care provider. I accept responsibility for immediately notifying the youth minister of any change in these instructions. Furthermore, I indemnify and hold harmless this ministry, parish, the Kansas City-St. Joseph Diocese, and its employees or agents against any claims from the use of this/these medications.

\_\_\_\_\_  
**PARENT/GUARDIAN SIGNATURE**

\_\_\_\_\_  
**DATE**

## Diocese of Kansas City - St. Joseph Medication Policy

While the diocese/parish/school/early childhood center is not obliged to supply, dispense or administer medication to children/youth, in certain circumstances, medication or treatment is necessary for children/youth to be able to remain in the school/center or participate in diocesan/parish/school/center sponsored activities.

The child/youth's physician needs to send a written order for any prescription medication. This order must include the name of the drug, the dose, the time of the dose, the length of the time the medication is to be given, instructions for administration, possible adverse effects and emergency instructions. **The prescription label may serve as the physician's authorization.** Accompany this prescription medication with a *Consent for Medication* form signed by the parent/legal guardian.

The ministry/school/center will not dispense over-the-counter medications such as Tylenol, cough medicine, cough drops or other non-prescription medications without **specific written authorization from both the child/youth's physician and parent/legal guardian.** All non-prescription medication shall be in the original container and labeled by the parent/guardian with the child/youth's name and instructions for administration including times and amounts for dosages. Accompany the over-the-counter medication with a *Consent for Medication* form signed by the physician and parent/legal guardian.

With the appropriate forms on file for the current year, you may send the medications to the school/center or sponsored activities when the need arises.

Children/youth are not allowed to carry medications (prescriptive or over-the-counter) with them. All medications are to be kept with trained staff members. Children/youth may be allowed to carry and self-administer asthma or other medication for life threatening conditions with proper authorization through the health care provider and diocesan/parish/school/center staff.

Should you have any questions regarding this medication policy, please contact the school/center/ministry. We work very hard to ensure the safety of your child/youth as well as all those in our care.