

**FORM A: ANNUAL CONSENT AND RELEASE****DIOCESE OF WILMINGTON****PARISH/INSTITUTION ANNUAL PARENTAL CONSENT AND RELEASE FORM****PARISH/INSTITUTION** \_\_\_\_\_*(to be typed or written on master copy)***Personal Information**

Name of Participant			
Address			
City		State:	Zip:
Home Phone	Work Phone (Parent):		
Date of Birth	Age:	School:	Grade:
Parent E-Mail	@ .		

**Medical Information**

Family Doctor		Phone:	
Insurance Info	Provider:	Policy #	Acct./ID#

- \* ☐ Yes ☐ No Has the young person ever been seen by a heart specialist for a heart problem/condition?
- \* ☐ Yes ☐ No Has the young person had a broken bone in the past six (6) months?
- \* ☐ Yes ☐ No Has the young person had surgery in the past six (6) months?
- \* ☐ Yes ☐ No Is the young person currently taking prescribed medication(s) that could inhibit strenuous physical activity?
- \* ☐ Yes ☐ No Is the player allergic to bee stings?
- \* ☐ Yes ☐ No Does the player have asthma?

*\*If you answered 'yes' to any of the above, it is the responsibility of the parent/guardian to check with parish/institutional representatives to ensure those items \*ed above will not endanger the young person.*

Current Medications:	
Medicinal Allergies:	
Limitations:	

If necessary for my child, the group leader is permitted to administer the following over the counter medications to my child *(please be specific and use brand names as only these medications will be administered)*: \_\_\_\_\_

**I hereby give my consent** for the above named individual to participate in the above named parish/institution youth activities during the current program year. As parent/guardian, I understand that promotional pictures (individual and group) will be taken during some events. I give permission for my son's/daughter's picture to be used for promotional materials (newsletter, web page, calendars, power point, etc.) in highlighting the events of this institution or events sponsored by the Diocese of Wilmington. I understand, however, that the above named parish/institution has no control over the use of photograph or film taken by media or private vendors that may be covering events. **I authorize** responsible personnel to obtain proper medical treatments should it become necessary. Excluding intentional, deliberately-inflicted and illegally caused injuries, **I further agree**, in consideration of the above named parish's sponsorship of beneficial youth programs, to release the above named parish, the Catholic Diocese of Wilmington, and all of their employees, directors, administrators, youth ministers and volunteers from all legal liability for accidental injuries suffered by my child as a result of participation in athletic activities, or travel to and from any youth event. Providing, however, that recourse is reserved to seek damages, medical and hospital expenses, and court costs for any such accidental injuries to my child incurred during a scheduled event from any liability insurance carrier within the limits of its liability policy. **I affirm** that the information above is true and correct.

**Signature of Parent/Guardian:** \_\_\_\_\_**Relationship to Participant:** \_\_\_\_\_ **Date:** \_\_\_\_\_