

Diocese of Harrisburg
Office for Youth and Young Adult Ministry
CONSENT FORM

TO BE COMPLETED FOR ALL PARTICIPANTS and SIGNED BY A PARENT OR GUARDIAN IF PARTICIPANT IS UNDER 18.

Participant Name: _____ Birth date: ____/____/____ Age: ____
Last First Middle Initial

Address: _____
Street City State Zip

E-Mail: _____

Name to be used on name tag: _____

Status Options: Please check ALL that apply and indicate type or title where appropriate.

- ☐ Female ☐ Youth ☐ Priest or religious _____
☐ Male ☐ Young Adult (18 and high school graduate) ☐ Medical Professional _____
☐ Adult Chaperone ☐ Church employee _____

Parish: _____
Name City Pastor

School: _____
Name City Principal

Group Coordinator: _____

Event Name Diocesan Catholic Scout Retreat Event Dates 09/19/2008 - 09/21/2008

Primary Emergency Contact: _____ Relation: _____
Parent/Guardian if participant is under 18 Last First

Address: _____
Street City State Zip

Phone: (____) ____ - ____ (____) ____ - ____ (____) ____ - ____
Home Cell Work

E-mail: _____

Secondary Emergency Contact: _____ Relation: _____
Last First

Address: _____
Street City State Zip

Phone: (____) ____ - ____ (____) ____ - ____ (____) ____ - ____
Home Cell Work

Allergic reactions: (medications, food, insects, etc) _____

Current Prescription Medications: (name, dosage, frequency) _____

Special medical/mental conditions: ____ No ____ Yes (Please describe) _____

Access Needs: (Please check appropriate boxes and/or explain special needs or concerns.)

- ☐ Wheelchair access
☐ Hearing impaired-interpretation needed
☐ Visually impaired
☐ Mobility impaired
☐ Other

Medical Information/Informed Consent/Hold Harmless Agreement

Name: _____ Date _____ Date of Birth _____
 Address: _____
 Telephone # _____
 Name of personal Physician: _____
 In case of emergency contact: _____
 Phone: _____ or _____
 List known Allergies _____
 If you are allergic to bee stings, do you have a bee sting kit? _____
 Do you wear contact lenses? _____ Are you pregnant? _____
 Have you had or do you have (circle if yes) Diabetes Asthma Angina Epilepsy
 Chest pains Drug reactions high blood pressure heart murmur
 Heart attack (if yes, date) _____
 Have you ever had any serious disease or surgery? (If yes, explain and include date) _____
 Do you have any other medical conditions we should be aware of? _____

I understand that participation in the C.O.P.E. / Climbing/ rappelling activity offered through the Pennsylvania Dutch Council, BSA, on SEP.20, 2008, involves a certain degree of risk that could result in injury or death. In consideration of the benefits to be derived and after carefully considering the risk involved, and in view of the fact that the Boy Scouts of America is an organization in which membership is voluntary, and having full confidence that precautions will be taken to ensure the safety and well-being of my child, I give my permission for my child to participate in the C.O.P.E. program. I hereby release and hold harmless and waive any claims I may have against the Pennsylvania Dutch Council, BSA, the National Council BSA and its chartered affiliates, agents, servants, employees, officers from all cost and expenses including but not limited to, attorney's fees, reasonable investigations and discovery costs, courts cost, and all other sums the above mentions persons may pay or become obligate to pay on account of any, all and every demand for claim or assertion of liability, or any claim or action founded thereon arising or alleged to have arisen out of your child's use of real or personal property belonging to the Pennsylvania Dutch Council, BSA or by any actions or omission by your child. In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the physician selected the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child.

This form must be signed by both parents/guardians

I am not under the influence of any chemical substance including alcohol. Understanding that any physical activity involves a risk of injury I understand that my participation in the Pennsylvania Dutch Council, BSA, C.O.P.E. program is entirely voluntary. I release the Pennsylvania Dutch Council BSA and all its employees from any claims or liability arising out of my participation. The release does not, however, apply to any harm caused by negligence or willful misconduct of the Pennsylvania Dutch Council, BSA or its employees.

Name (print) _____ Course date _____

Participant's signature: _____ Date _____

*If participant is under age 18, his or her parents or guardians must also sign below

Parent/guardian Signature) _____

Parent/guardian Signature) _____