

Roman Catholic Diocese of Erie
YOUTH CONFIDENTIAL RELEASE & MEDICAL FORM

Quo Vadis Days June 23-26, 2024 St. Mark Seminary - Erie, PA

Return to: Fr. Scott Jabo, Vocation Director, Diocese of Erie – 429 East Grandview Boulevard – Erie, PA 16504

PARENT/GUARDIAN (all highlighted fields require completion)

I, _____; the undersigned, give permission for my son

_____ from _____
Please PRINT CLEARLY Name of Parent/Guardian

_____ from _____
Please PRINT CLEARLY Name of Youth

_____ from _____
Please PRINT CLEARLY Name of Parish/School

to participate in **Quo Vadis Days**. It is understood that reasonable caution will be taken by the organizers to prevent injuries to all participants. In the event of injury or illness to our/my child during his participation in this event, and if the parents/guardians of the above-mentioned persons cannot be reached, we/I hereby give our/my permission to the **Quo Vadis Team** for the necessary medical treatment to be given to our/my child. We/I for ourselves/myself and for our/my child, our/my respective heirs, and our/my respective legal representatives, so hereby indemnify and hold harmless any representative of **the Diocese of Erie, St. Mark Seminary, or the Quo Vadis Team** from any and all claims, demands and causes of action of whatever kind and nature for their actions taken pursuant to this authority. I/We agree that in case of injury to our/my child, we will apply our/my hospitalization and/or accident insurance toward the payment of the expenses incurred.

I/We, hereby release and hold harmless **the Diocese of Erie, St. Mark Seminary, and the Quo Vadis Team**, their agents, successors, legal representatives and any and all of its employees from any and all liability for any and all damages or personal injuries arising to my/our son as a result of his participation in **Quo Vadis Days**, except for damages and/or personal injuries caused by or arising out of the intentional or willful misconduct of **the Diocese of Erie, St. Mark Seminary, or the Quo Vadis Team**, its agents, servants or employees.

Code of Behavior: Participation in **Quo Vadis Days** is a privilege and not a right. Each participant must attend all scheduled activities. The behavior of all must reflect Christian values. Drugs, alcohol, tobacco and vaping are not permitted. The staff reserves the right to ask any participant to leave at the participant's own expense. I/We have read and agree to uphold the above "Code of Behavior".

The undersigned also agrees to authorize the **Diocese of Erie** 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.

X this box only 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 the **Vocation Office** 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

YOUTH

As a member of **Quo Vadis Days**, I understand and agree to the "**Code of Behavior**," and I will notify my parents or legal guardian at the time of any infractions requiring my dismissal from the event and that I will be sent home at my parent/guardian's expense.

Youth Signature

Age/Date of Birth

Date

MEDICAL INFORMATION (please print clearly and use back if necessary)

My child is allergic to (medication/food/other):

My child must take the following medications (indicate dosage, frequency, etc.):

Can your child receive the following? Acetaminophen? Yes No • Ibuprofen? Yes No • Benadryl? Yes No

These are special medical conditions/needs of my child (dietary, asthma, walking assistance, bee sting allergies, etc):

Is your child currently under a physician or counselor's care? (Yes ____ No _____) If yes, please explain:

Family Physician:

Physician Phone #:

Youth Birth Date:

Family Health Insurance Company:

Policy Number (Individual):

Benefit/Plan/Group #:

In case of emergency notify:

Emergency Contact Daytime Phone:

Emergency Contact Relationship to youth:

Emergency Contact Evening Phone: