NCYC 2025 Medical Release Form

Diocese of Rochester

Must Be Completed for All Youth, Young Adults and Adults Attending

Due June 1, 2025

Group Leaders must always keep a copy of this form with them.

Parish:_____ Location:_____

LAST NAME:		FIRST NAME:			
ADDRESS:					
CITY:		STATE:		ZIP:	
EMAIL:		PHONE:			
PILGRIM TYPE:	YOUTH ☐	YOUNG ADULT ☐	ADULT ☐	GRADE:	SEX: F ☐ M ☐

HEALTH INSURANCE CO:		POLICY NUMBER:	
PRIMARY CARE PHYSICIAN:		PHYSICIAN PHONE #:	

EMERGENCY CONTACT

NAME:		RELATIONSHIP:	
HOME PHONE:		CELL PHONE:	

MOTHER'S INFORMATION (FOR YOUTH & YOUNG ADULT)	***FATHER'S INFORMATION (FOR YOUTH & YOUNG ADULT)***
NAME:	NAME:
CELL PHONE:	CELL PHONE:
ADDRESS:	ADDRESS:
**IF ADDRESS IS DIFFERENT FROM YOUTH/YOUNG ADULT*	**IF ADDRESS IS DIFFERENT FROM YOUTH/YOUNG ADULT*

Medications (prescription and non-prescription) currently taking, including dosage: _____

_____

Allergies: _____

Special Needs/Concerns: ☐ Wheelchair Access ☐ Hearing Impaired ☐ Visually Impaired ☐ Low Gluten Hosts

☐ Mobility Impaired ☐ Other special needs/concerns:_____

Can this person be given the following by the medical coordinator? (Please check boxes below).		
ASPIRIN YES ☐ NO ☐	ACETAMINOPHEN YES ☐ NO ☐	IBUPROFEN YES ☐ NO ☐
Can pictures of this person participating in NCYC be placed on the Diocesan Website and/or used for other purposes by the Diocese of Rochester? YES ☐ NO ☐		

I hereby certify that the above information is correct and give permission for my child to be transported in privately owned vehicles for medical emergencies only, and for the release of medical records to an attending health worker in case of illness. I understand that every effort will be made to contact the parent/guardian. If one cannot be contacted, I hereby give permission for a qualified physician to secure proper treatment for my child.

My signature confirms that I give permission for my child to participate in the program. I hereby release the Diocese of Rochester and all its affiliated entities, including its employees, volunteers, and parish sponsor from any and all liability for any damages suffered as a result of or relating to my child's participation in the program. I agree that neither the Diocese of Rochester or the parish sponsor will be responsible for reimbursement of copayments or uninsured medical costs.

Adult/Parent/Guardian Signature:_____ Date:_____