

Family Otpust

ByzanTEEN Lock-in

Saturday, June 19th – Sunday, June 20th, 2010
St. Michael Byzantine Catholic Church
Merrillville, IN

Permission Form

There is no cost for the event. Food will be provided, but if you have particular dietary restrictions, please list them under the “allergic reaction” portion of this form. If you have any questions or concerns related to this event, please contact Bryan Scotton:

(216) 904-0865 – OR – *bryan.scotton@case.edu*

Please return the completed form to “Eparchy of Parma” by **Wednesday, June 9, 2010**:

ByzanTEEN Lock-in
Eparchy of Parma
1900 Carlton Road
Parma, OH 44134

Name: _____ Birth Date: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Telephone: _____ Cell Phone: _____

I, _____ grant permission for my child, _____
Parent or guardian's name Child's name

to participate in this event and as a parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor (“participant”). I agree on behalf of myself, my child named herein, our heirs, successors, and assigns, to hold harmless and defend the Eparchy of Parma, its officers, directors, employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Eparchy of Parma, its employees and agents and chaperones, or representative associated with the event for responsible attorney fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from negligence of the parish/Eparchy of Parma.

Signature: _____ Date: _____

Photography Release

I, hereby consent that any photographs in which the above named individual appears may be used for needs and wishes of the Eparchy of Parma. Furthermore, I consent that such photographs and plates from which they are made shall be the property of the Eparchy of Parma. The Eparchy of Parma holds the rights to sell, duplicate, reproduce and make other uses of photography and plates free and clear of any claim whatsoever on my part.

Signature of Parent/Guardian: _____ Date: _____

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. (Of the following statements pertaining to medical matters, sign only those that are applicable.)

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name and relationship: _____

Phone: _____ Family doctor: _____ Phone _____

Family Health Plan Carrier: _____ Policy #: _____

Signature: _____ Date: _____

Other Medical Treatment: In the event it comes to the attention of the parish, its officers, directors and agents, and the Eparchy of Parma, chaperones, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reversed to my self).

Signature: _____ Date: _____

Medications: My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows: _____

Signature: _____ Date: _____

No medications of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature: _____ Date: _____

I hereby grant permission for non-prescription medication (such as non-aspirin products, i.e. acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: _____ Date: _____

Specific Medical Information: The eparchy will take responsible care to see that the following information will be held in confidence.

Allergic reaction (medications, foods, plants, insects, etc.): _____

Immunizations: Date of last tetanus/diphtheria immunization: _____

Does child have medically prescribed diet? _____

Any physical limitations? _____

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting?

Has the child been exposed to contagious diseases or conditions, such as mumps, measles, chicken pox, etc? If so, date and disease or condition: _____

You should be aware of these special medical conditions of my child: _____
