OFFICE OF FAITH FORMATION - Catholic Diocese of Wichita

Medical Release and Waiver (revised May 2026)

PLEASE PRINT LEGIBLY IN INK:

Name of Participant_____ Date of Birth ____/____/____

Address _____City_____ State_____ Zip _____

Phone # (____) _____ M F Height _____ Weight _____ Age _____

Email Address: _____ Grade_____

Emergency Contact # 1 Name: _____ Relationship to participant _____

Address (if different from participant) _____

Contact Home or Cell Phone_____ Contact Work Phone_____

Emergency Contact # 2 Name: _____Relationship to participant _____

Contact Home or Cell Phone _____ Contact Work Phone _____

Insurance Company _____ Policy # _____

List any Allergies/ Present medical conditions/ Activity and/or food restrictions:

_____

List current medications and dosage: _____

Does Participant wear contact lenses? Yes ___ No ___

Medical Authorization:

I/We understand that the Catholic Diocese of Wichita and the Office of Faith Formation assume no responsibility for accidents which may occur in association with diocesan events and activities. I/We agree to use my/our personal insurance to cover any such incidents. I/We understand that, in the event medical intervention is needed, every attempt will be made to contact the persons listed above. In the event those individuals cannot be reached, I/We hereby give permission to the physician or any other qualified medical staff selected by the event leader to hospitalize, secure medical treatment, and/or order injection, anesthesia or surgery for Participant as deemed necessary.

Over-the-Counter Medication Authorization:

I authorize camp staff to administer the following over-the-counter (OTC) medications to my child as needed, according to labeled directions, unless otherwise specified below:

- ☐ Acetaminophen (Tylenol) – for pain or fever
- ☐ Ibuprofen – for pain, inflammation, or fever
- ☐ Antacid (Tums) – for upset stomach/heartburn
- ☐ None

Liability Waiver & Consent:

I understand that these medications will be administered by camp staff in accordance with standard dosing guidelines and based on my child's age/weight, unless I have provided alternative written instructions from a licensed healthcare provider. I confirm that I have provided accurate medical information and that my child has previously taken any approved medications without known adverse effects, unless otherwise noted. The camp, or its staff will not be held liable for any adverse reactions.

Parent/Guardian Signature: _____

Waiver:

I understand all reasonable safety precautions will be taken at all times by the Catholic Diocese of Wichita and the Office of Faith Formation and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree to indemnify and hold harmless the Catholic Diocese of Wichita and/or the Office of Faith formation, its leaders, employees and volunteer staff from any claim arising from or in connection with attending this event.

Code of Behavior:

I agree to abide by and/or instruct Participant to abide by all rules and regulations as outlined by the aforementioned chaperones/representatives. I agree that if I/Participant fail(s) to abide in any way by the rules, that I/Participant can be dismissed from in connection therewith from the Catholic Diocese of Wichita or its chaperones/representatives.

Photo Release:

I hereby authorize the Catholic Diocese of Wichita, and its agents to utilize photographic and/or video images of me or my child by the Catholic Diocese of Wichita. In giving my consent, I hereby indemnify and hold harmless the Catholic Diocese of Wichita and raph and/or video of me or my child be used.

Signature of Participant _____ Date _____

Signature of Parent/Guardian _____ Date _____