



# Ladies' Day Out

(Visit Sisters Servants of the Lord and the Virgin of Matara Convent in Upper Marlboro and return for Dinner at OLHOC)

April 15, 2018 (1 pm - 6:30 pm)

## **RELEASE AND CONSENT FORM (Minors 18 and under)**

My son / daughter \_\_\_\_\_ has my permission to participate in the above named event with Our Lady Help of Christians. It is understood that reasonable caution will be taken by those persons in charge to prevent injuries. I personally, and on behalf of my child, release the Archdiocese of Washington; Archbishop of Washington, Archbishop Donald W. Wuerl, a corporation sole; the Catholic Youth Organization of Washington, DC and Metropolitan Area, Inc; the Office of Youth Ministry, Our Lady Help of Christians Church, Waldorf, MD; Sisters Servants of the Lord and the Virgin of Matara; all clergy, staff, coordinators, volunteers and chaperones from any liability for injuries, loss or damages resulting in participation in this event and/or transportation to and from our destination. In the event I cannot be reached, I hereby grant permission for my son/daughter to be evaluated, diagnosed, treated and/or medicated in accordance with standard medical practices by licensed medical personnel. My son/daughter agrees to abide by all rules and regulations as specified by the parish catechetical leader of his/her group and to respect all adult chaperones. I assume responsibility for immediate transportation home in the event of any infraction of these stated requirements.

\_\_\_\_\_  
**Parent/Legal Guardian Signature**

\_\_\_\_\_  
**Date**

Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_  
(where someone can be reached on the day of the event)

### **MEDICAL INFORMATION (Please Print)**

**Allergies or Medical Conditions (briefly describe):**

**Current Medications (please list/ meds, dosage, frequency, etc.):**

**Special dietary considerations (briefly describe):**

**OK to administer over-the-counter drugs? Yes \_\_\_\_\_ No \_\_\_\_\_**

**In case of emergency notify: \_\_\_\_\_ Phone: \_\_\_\_\_**

**Relationship to youth: \_\_\_\_\_**

### **INSURANCE INFORMATION**

**Carrier \_\_\_\_\_ Policy # \_\_\_\_\_ Benefit/Plan/Group# \_\_\_\_\_**

**OK for your child to be photographed for use on Parish Website, local newspaper, etc.? Yes \_\_\_ No \_\_\_\_\_**