

# PERMISSION & HEALTH FORM for MARCH FOR LIFE 2018

Return original signed form (no faxes) to:

Office of Pro-Life Activities

Diocese of Buffalo, 795 Main Street, Buffalo, New York 14203-1250

**Completion of this form is required for final registration - Due by Friday, December 21, 2018.**

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Participant's Name \_\_\_\_\_ Parish/School \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Home phone # \_\_\_\_\_ Cell phone # \_\_\_\_\_

## Dear Parent or Legal Guardian:

Your son/daughter/legal guardian has requested to participate in the **March for Life Pilgrimage** to Washington, DC sponsored by the Department of Pro-Life Activities and \_\_\_\_\_ in the Diocese of Buffalo.

(Parish/school)

This program begins on Thursday, January 17, 2019 (*departures to be announced*) and ends Friday, January 18 (*depending on departure conditions*) and involves one overnight stay and transportation by motorcoach to and from Washington, DC. This activity will take place under the guidance and supervision of volunteers and employees of \_\_\_\_\_ and the Diocese of Buffalo.

(Parish/school)

Designated Supervisor(s) of Activity: \_\_\_\_\_ from \_\_\_\_\_ and Cheryl Calire, Director of Pro-Life Activities, Diocese of Buffalo (parish/school)

If you would like your child to participate in this event, please complete, sign and return the following statement of consent and release of liability. As a parent, legal guardian, you remain fully responsible for any legal responsibility which may result from actions taken by the named youth.

## RELEASE OF LIABILITY

I have familiarized myself with the March for Life pilgrimage. I recognize and acknowledge that there are risks in my child's presence and participation in the March for Life program in Washington, DC on January 17 -18, 2019. I agree to indemnify, hold harmless, waive and relinquish all claims I may have against \_\_\_\_\_ and the

(Parish/school)

Diocese of Buffalo including any negligence claims on their part and its officers, agents, employees, representatives or volunteers arising out of the transportation to and / or from the event, or in connection with any claims arising out of or caused by any activity my child participates in during the event.

I understand that as a parent or legal guardian, I remain fully responsible for any legal responsibility that may result from actions taken by my child.

## MEDICAL RELEASE

In signing this form, I hereby certify that the medical information provided below is correct and give permission for the release of medical records to an attending physician in case of emergency illness. My permission is hereby given to the representatives of \_\_\_\_\_ and the Diocese of Buffalo to authorize by his/her signature,

(Parish/school)

whatever medical or surgical treatment may be considered necessary or advisable by the physician or nurse in attendance in the event of an accident or medical emergency in which the parent or guardian cannot be reached. It is understood that every attempt to reach the parent or guardian will be made. If the physician below cannot respond, I authorize any licensed physician or medical center to treat the participant designated above.

**Contact Information during March for Life 2019, Washington, DC:**

Mother's Name: \_\_\_\_\_ Email \_\_\_\_\_

(h) \_\_\_\_\_ (w) \_\_\_\_\_ (cell) \_\_\_\_\_

Father's Name: \_\_\_\_\_ Email \_\_\_\_\_

(h) \_\_\_\_\_ (w) \_\_\_\_\_ (cell) \_\_\_\_\_

Guardian/Alternate Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone numbers: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (cell) \_\_\_\_\_

Family Health Insurance Company \_\_\_\_\_

Policy number \_\_\_\_\_ (attach copy of medical insurance card)

Family Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Is this participant in good health and able to participate in all normal March for Life activities?

Yes \_\_\_\_\_ No \_\_\_\_\_ If No, Indicate Restrictions: \_\_\_\_\_

Medication/Food Allergies: \_\_\_\_\_

Chronic Medical Problems: \_\_\_\_\_

Explain any communicable disease/illness or exposure during the three weeks prior to the March for Life attendance: \_\_\_\_\_

Operations/Serious Injuries: \_\_\_\_\_

Medications: List medication, dose, and reason. Please include prescription and non-prescription drugs.

**Your child will be responsible for administering any needed medications to him/herself.**

**PLEASE NOTE: The parish, the diocesan staff and the volunteers will not dispense any medication (including over-the-counter medications, such as ibuprofen, antacids, etc.). If your child may need any prescription or non-prescription medication, he or she should bring them to the March for Life.**

***MEDIA RELEASE***

I give permission for photographs or video of program participants including my child to be used in publications, web sites, brochures, flyers, social networking or other promotional materials produced from time to time by the parish, the Office of Pro-Life Activities and the Diocese of Buffalo. I acknowledge that radio stations, television stations, newspapers and web sites occasionally cover activities of the parish and the diocese and may request an interview with my child. I give permission to the parish, the diocese and all print, radio, television and Internet media outlets to use the images, voices and words of my child without any limitation or restriction, and with no financial compensation, for the purposes of promoting the parish and Diocese of Buffalo related events. In the case of the *Western New York Catholic* and *Daybreak TV* Productions, both of the Diocese of Buffalo, I give permission to use the images, voices and words at any time.

**Parents or guardians who do not wish their child to be filmed or video taped, or who do not wish their child to speak with the media should notify the designated supervisor in writing.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature verifies all sections have been read and understood.