

In the event that a behavior problem required disciplinary action, Archdiocese of Washington Adult chaperones or designee, along with the individual's chaperone, will address the situation and make the necessary decision.

As a member of the _____ parish, I understand and agree to the Youth Code of Behavior. I also understand and agree that my parents or legal guardian will be notified at the time of any infractions requiring my dismissal from the event and that I will be sent home at my own and or parent's/guardian's expense.

Youth signature

Date

**PARTICIPANT EMERGENCY INFORMATION FORM
(Minors 18 and under)**

Please, print clearly:

Participant First Name	
Participant Middle Initial	
Participant Last Name	
Nickname/Name for Nametag	
T-Shirt size	
Participant Gender	
Parent /Guardian #1 Full Name	
Parent /Guardian #2 Full Name	
Participant Home Address Street	
Participant Home Address City, Sate, Zip	
Participant Home Phone Number	
Participant E-Mail Address	
Parent /Guardian E-Mail Address	
Parent/Guardian Cell Phone Number	
Parent/ Guardian #1 Work Phone	
Parent /Guardian #2 Work Phone	
In case of Emergency, contact (Other than parent)	
Emergency Contact Phone	

MEDICAL INFORMATION (Please Print)

My son/daughter is allergic to (medication/ food/ other):

My son/daughter must take the following medications and will be bringing enough medication for_____. (Indicate medication, dosage, frequency, etc. Medication must be given to your parish adult chaperone to hold/administer):

You should be aware of these special medical conditions of needs of my child:
(Dietary, medical, mental health, walking assistance, bee sting allergies, other conditions)

In the event that it comes to the attention of the ADW staff, its officers and agents or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever etc. I would like to be notified immediately: Yes No

Please check the box if you would like no medication of any type (prescription or non-prescription) may be administered to my child unless the situation is life threatening and emergency treatment is required.

Please provide the following information about insurance:

Insurance Name:
Policy Holder:
Policy #:
Group #:
Date of last Tetanus Booster:
In case of emergency notify:
Relationship to Youth:
Daytime Phone:
Evening Phone:

Parent Signature: _____

Date: _____