



TOTUS TUUS

ROMAN CATHOLIC DIOCESE OF PORTLAND

FAMILY MEDICAL/LIABILITY RELEASE FORM

PARTICIPANT(S) INFORMATION:

(1) CHILD LAST NAME: _____ FIRST NAME: _____

GRADE: _____ BIRTH DATE: _____ GENDER: (circle) male female

ALLERGIES; _____ MEDICATIONS: _____

CHRONIC MEDICAL PROBLEMS: _____

(2) CHILD LAST NAME: _____ FIRST NAME: _____

GRADE: _____ BIRTH DATE: _____ GENDER: (circle) male female

ALLERGIES; _____ MEDICATIONS: _____

CHRONIC MEDICAL PROBLEMS: _____

(3) CHILD LAST NAME: _____ FIRST NAME: _____

GRADE: _____ BIRTH DATE: _____ GENDER: (circle) male female

ALLERGIES; _____ MEDICATIONS: _____

CHRONIC MEDICAL PROBLEMS: _____

(4) CHILD LAST NAME: _____ FIRST NAME: _____

GRADE: _____ BIRTH DATE: _____ GENDER: (circle) male female

ALLERGIES; _____ MEDICATIONS: _____

CHRONIC MEDICAL PROBLEMS: _____

(If you need to register additional children, please attach a second form.)

FAMILY INFORMATION: *(please print)*

FATHER LAST NAME: _____ FIRST NAME: _____

PHONE #: _____ EMAIL: _____

STREET ADDRESS: _____

MOTHER LAST NAME: _____ FIRST NAME: _____

PHONE #: _____ EMAIL: _____

STREET ADDRESS: _____

HOME PARISH/CHURCH: _____

PARISH/CHURCH CITY/TOWN: _____

(over ↷)

MEDICAL CARE INFORMATION:

DOCTOR NAME: _____ DOCTOR PHONE #: _____

INSURANCE CO.: _____ POLICY #: _____

CARDHOLDER'S NAME: _____

EMERGENCY CONTACT INFORMATION:

CONTACT NAME (1): _____ RELATIONSHIP: _____

PHONE #: _____ ADDRESS: _____

CONTACT NAME (2): _____ RELATIONSHIP: _____

PHONE #: _____ ADDRESS: _____

WAIVER:

I, _____, the undersigned, request permission for myself/my child to attend this event to be held at the location specified. I understand this event will take place under the guidance and supervision of responsible employees/volunteers from the Diocese of Portland and, if needed, give permission for myself/my child to be evaluated, diagnosed, treated/medicated in accordance with standard medical practice by licensed medical personnel. I relieve the parish, diocese, and volunteer leaders of all responsibility and consequences that may arise because of this treatment. I will not hold the parish, diocese, or representative associated with this event responsible in the event of injury. If I cannot be reached in case of an emergency I give permission for the parish coordinator to act on my behalf. Further, I agree to accept any and all financial responsibility related to such care.

I/my child agrees to abide by all the rules as outlined in the Diocese of Portland Code of Behavior/Ethics.* The Diocese of Portland will not be liable if myself/my child fails to cooperate with said rules and any infractions may result in immediate dismissal from this event. I will accept responsibility for costs for immediate transportation home. I understand that I am legally responsible for the behavior of myself/my child.

DIGITAL RELEASE: By initialing below, I hereby grant to the Diocese of Portland my consent without reservation to use, assign, convey, reproduce, copyright, publish or sell my/my child's name, voice, image, and/or likeness that arises from my/his/her participation in this event, whether still or motion pictures, audio or video tape, for promotional, instructional, business or any other lawful purposes, at the Diocese of Portland's sole discretion.

Parent/Legal Guardian Initials: _____

SIGNATURE/LEGAL GUARDIAN: _____

PRINTED NAME: _____ DATE: _____

* The Diocesan Code of Ethics can be found online: <http://www.portlanddiocese.org/protecting-gods-children/code-of-ethics>



TOTUS TUUS MAINE
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