

PARTICIPANT MEDICAL INFORMATION & EMERGENCY FORM

Participant:

Name (first, middle, last): _____

Address: _____

Participant's Regular Physician:

Name: _____ Phone: (____) _____

Medical Conditions:

Please list any medical conditions of the participant (asthma, diabetes, epilepsy, etc.): _____

List any allergies or allergic reactions to medications of the participant: _____

List any medications the participant is presently taking: _____

Other pertinent medical information: _____

Date of participant's most recent tetanus shot: _____

Medical Insurance Information:

Company: _____

Plan Number: _____ Employee Identification #: _____

Emergency contacts:

Name: _____ Phone: (____) _____

Relationship (friend, neighbor, coworker, etc.): _____

Other Contact

Name: _____ Phone: (____) _____

Relationship (friend, neighbor, coworker, etc.): _____

Authorization for Emergency Medical Treatment

This information will be kept in the possession of the Office of Vocations. A copy will be distributed to the person in charge of each Emmaus Days Session which the participant attends. Should the need arise this information will be given to the proper medical authorities.

I, _____ [the participant], understand that in the case of illness or injury, the Office of Vocations will try to notify the person I have listed above as an emergency contact. In case of medical emergency at a time when my listed emergency contact cannot be notified, I grant full power to the Office of Vocations to 1) arrange my transportation, whether by ambulance or otherwise, to a proper facility where emergency medical treatment would normally be administered, including but not limited to, an emergency room of a hospital, a doctor's office, or a medical clinic; and 2) sign releases as may be required in order to obtain any medical or surgical treatment as is required in the judgment of medical authorities at the facility.

Printed Name of Participant

Signature of Participant

Date

CATHOLIC DIOCESE OF PEORIA PUBLICITY FORM

SUMMER 2017

On occasion, the department named above takes photographs or makes an audio or video recording of children and/or adults involved in parish activities. Such photographs or video records may be used by staff and participants to remember the activities or participants. In addition, such photographs and audio/visual recordings may be used in diocesan publications or advertising materials. Also, local news organizations may learn about the diocese's activities or events, and the diocese may invite or allow them to photograph or record such events to be used, distributed, or displayed as the agents of the diocese see fit.

I hereby expressly grant to the Catholic Diocese of Peoria the right, privilege and license to use my picture or likeness in any photograph, movie, video production or any other forms of media publication and to use my verbal or written statements or declarations for the purpose of publicizing, fostering and promoting the diocese and its programs, or for any other purpose in furtherance of the mission of the Diocese of Peoria.

Signature of Participant

Printed Name of Participant

Date