

**St. Joan of Arc Neighborhood Youth Outreach
Physical/Medical Capability Form**

Participant's Data:

Child's Name _____

D.O.B. _____ Age _____

Mother's Name _____

Father's Name _____

If necessary, do we have your permission to administer medication to your child, perform First Aid, or C.P.R.? _____ Yes _____ No. If an incident occurs where any of these measures are necessary, parents will be notified as swiftly as possible to communicate the situation.

Participant's Health Summary:

Medical History: _____

Medication/Food Allergies: _____

Please list your child's current medications and medications taken within the last three months _____

Does your child have any physical disabilities or medical conditions that would prevent him/her from participating in any athletic or recreational activity _____ No _____ Yes?
If yes, please explain _____

Medical Preference:

Physician's Name: _____

Address: _____

Office Phone: _____

Hospital Preference: _____

I, _____, (parent's name) have provided St. Joan of Arc Neighborhood Youth Outreach program with the most accurate information for my child. I do hereby give approval for my child to participate in various athletic and recreational activities of the Neighborhood Youth Outreach program for the current school year and summer. I assume all risks and hazards incidental to my child's participation in any sport or other activity. I agree to indemnify and save harmless St. Joan of Arc Neighborhood Youth Outreach, St. Joan of Arc School, St. Joan of Arc Church, the Archdiocese of Indianapolis, the Archbishop and priests of the Archdiocese, volunteers, any participating or sponsoring organization and all employees, officials, representatives, and agents of such organizations or persons from all claims, lawsuits or action of any kind for any and all casualties, damages, or losses incurred by me or resulting to my child by reason of participation in any activity sponsored by St. Joan of Arc Neighborhood Youth Outreach. I further agree that no action will be brought by me on my behalf or on the behalf of my child for any loss or damages sustained by me or by my child by reason of participation in any activity sponsored by St. Joan of Arc Neighborhood Youth Outreach.

Parent/Guardian Signature

Date Signed