

PLEASE RETURN TO ERIN TUBBS AT 1837 MILLFAIR RD., ERIE, PA 16505 BEFORE THE TEC

Erie Diocese Divine Mercy To Encounter Christ Medical Release Form

To be completed by the To Encounter Christ (henceforth TEC) participant or, if the participant is a minor, by the TEC participant's parent/legal guardian

Name of Participant _____ Age _____

Family Physician _____ Physician Phone _____

Family Health Insurance Company _____

Policy Number (Individual) _____ (Group) _____

Please list any physical/mental health information that might be needed by the TEC staff: (dietary restrictions, food or drug allergies, chronic conditions, recent or current injuries or illness, current medications – prescription or over-the-counter – and their purpose) _____

In the event of injury or illness to myself/my child during my/his/her participation in TEC, I hereby give my permission to the adult staff for the necessary medical treatment to be given to me/my child.

Please list other persons we may call for advice or direction in caring for you/your child in case of serious accident, illness, operation, or disaster warning.

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Please sign after each medication that you authorize the TEC staff to give you/your child during the weekend on _____. The signature MUST FOLLOW each medication which you approve or that medication will not be given.

Ibuprofen _____ Tylenol _____

Aspirin _____ Throat Lozenge/cough drop _____

Loperamide (diarrhea) _____ Tums (upset stomach) _____

Nasal Decongestant _____ Antibiotic Ointment _____

Hydrogen Peroxide (wound cleaning) _____

INDEMNIFICATION

We, for ourselves and/or for our child, our respective heirs, and our respective legal representatives, so hereby indemnify and hold harmless the TEC Movement, the Diocese of Erie, the TEC Center, their agents, successors, legal representatives and any and all of their employees from any and all claims, demands, and causes of action of whatever kind and nature for their actions taken pursuant to this authority. We agree that in case of injury to myself/my child, we will apply our hospitalization and/or accident insurance toward the payment of expenses incurred.

If under 18 years old:

If over 18 years old:

Parent/Guardian Signature Date
Phone (Day) _____

Signature Date
(Night) _____