T-shirt size_____

NEW SEARCHER APPLICATION FORM
SEARCH MONTANA

SACRED HEART SCHOOL/PARISH, MILES CITY, MT

Suggested Fee $35 (no-one will be turned away)

Teen Name: Preferred Name on Name Tag:

_____

Teen Email Address:

_____

Teen Cell Phone:

_____

Mailing Address:

_____

Parent/Guardian Name:

_____

Parent/Guardian Email Address:

_____

Parent/Guardian Cell Phone:

_____

Home Phone:

_____

Teen Age:_____ Date of birth: _____

MEDICAL TREATMENT RELEASE

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

Medications: My child is taking medication at present. My child will bring such medications necessary, and such medications will be well labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

_____

_____

_____

☐ _____ (please initial) No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life threatening and emergency treatment is required.

☐ _____ (please initial) I hereby grant permission for non-prescription medication (such as asprin, non-asprin products, i.e. acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

~ The diocese will take reasonable care to see that all of your teen's medical information will be held in strict confidentiality. ~

By signing this release, I have read and I agree to the following:

- Grant permission for my child to attend the Search
- Parent Consent Form & Liability Waiver
- Emergency Medical Treatment Release
- Release for prescription medication if deemed appropriate
- Release for non-prescription medication if deemed appropriate

Parent/Guardian if under 18_____

Date_____

Participant's Signature_____

Date_____

In case of accident or serious illness, whom should we notify?

Name	Phone	Relationship
_____	_____	_____
_____	_____	_____

Please list any food, drug or environmental allergies you may have:

_____

_____

Do you have any sleeping issues, snoring, or insomnia? Anything else we should know for room assignments?

_____

_____

PARENT/GAURDIAN CONNSENT FORM & LIABILITY WAIVER

I grant permission for my child to participant in the **SEARCH MONTANA PROGRAM**. This activity will take place under the guidance and direction of diocesan employees and/or volunteers from the Diocese of Great Falls – Billings. I agree on behave of myself, my child named herein, or heirs, successors, and assigns, to hold harmless and defend the officers, directors and agents of the Catholic Diocese of Great Falls – Billings and the chaperones, or representatives associated with the event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the diocese, its officers, directors and agents, and the chaperones, or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

ATTENTION PARENT/GUARDIAN:

☐ **I GRANT** permission for video/photo/image that include my child without any other personal identifiers to be published on social media or any other publications.

☐ **I DO NOT GRANT** permission for video/photo/image that include my child without any other personal identifiers to be published on social media or any other publications.

Name_____ Date_____
Parent/Guardian if under 18

Participant's Signature_____ Date_____

Insurance Information:

Is the Participant covered by family medical/hospital insurance?

☐ Yes

☐ No

If so, indicate carrier or plan name_____

Group #_____

Any other concerns we should be made aware of?

_____

_____

_____

_____