

**Frassati Fest / Madison Catholic Youth :: Student Information Form**

\* The Parish and Diocesan staff will take reasonable care to see that this information is held in confidence.

Student Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Parish & City: \_\_\_\_\_ T-Shirt Size (Adult Unisex): \_\_\_\_\_

High School: \_\_\_\_\_

Grade in School (2022-2023): 9      10      11      12      Birthdate: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Parent/Guardian #1 Cell Phone Number: \_\_\_\_\_ (Name) \_\_\_\_\_

Parent/Guardian #2 Cell Phone Number: \_\_\_\_\_ (Name) \_\_\_\_\_

Primary Family Email Address: \_\_\_\_\_

Student's Email Address: \_\_\_\_\_

**\* The emergency contact must be someone other than the parents/ In all emergency situations, parents will be the first contact**

Emergency Contact Name & Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Allergies: \_\_\_\_\_

Dietary/Food Needs: \_\_\_\_\_

Physical Limitations: \_\_\_\_\_

Please share other medical or behavioral information that would be helpful for the adult leaders to confidentially know about your child:

\_\_\_\_\_  
\_\_\_\_\_

\* To provide further details, please attach an additional sheet of paper.

**A brief description of the activity follows:**

Type of Event: Frassati Fest February 10-12, 2023

Individual in charge (Parish Group Leader): \_\_\_\_\_ or Camp Gray Staff (Lost Sheep Reg.)

Mode of Transportation to and from event: Parents or Personal Vehicles or Parish Chaperones

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As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend \_\_\_\_\_, its officers, directors, employees and agents, and the Diocese of Madison, Bishop Donald Hying, its employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish/school, its officers, directors and agents, and the Diocese of Madison, its employees and agents and chaperones, or representatives associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/school or the Diocese of Madison.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**MEDICAL MATTERS:** 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. (Of the following statements pertaining to medical matters, sign only those that are applicable.)

**Emergency Medical Treatment:** In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, use the Emergency Contact, in the event that both parents/guardians have already been contacted.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Medications:** My child is taking medication at present. My child will bring all such medications necessary IN THEIR ORIGINAL CONTAINERS 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. (Use an additional sheet of paper and attach, if needed.)

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Has your child received a tetanus/diphtheria immunization in the last 10 years?

Circle One: YES or NO

Has your child recently been exposed to contagious disease or conditions such as mumps, measles, chicken pox, etc?

Circle One: YES or NO

If so, list date and disease or condition: \_\_\_\_\_

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During Frassati Fest we will be taking pictures and video during the weekend to document the fun and use in possible promotional material in the future. (Full names will never be published alongside the pictures or videos.)

**Do you grant Camp Gray and the Diocesan youth apostolate to use photos and videos that are taken of my child(ren) during Frassati Fest on social media and in future promotional materials?**

Circle One: YES or NO