

Bismarck Catholic Diocese of Bismarck Search Program

Parent Guardian Consent Form and Liability Waiver

I have read and agree to the Search policies and give permission for my child to participate in the Bismarck Search Program located at Badlands Ministry Camp in Medora, ND. The program is under the guidance and direction of diocesan employees and/or volunteers from the diocese. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the officers directors and agents of the Catholic Diocese of Bismarck 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.

Medical Matter 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 a hospital for emergency medical or surgical treatment. Advise me prior to any further treatment by the hospital or doctor.

Medications: My child is taking medication at present and will bring such necessary medications which will be well labeled with medication names, concise directions for the child to take such medications with dosage and frequency as follows: _____

_____ 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.

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

Specific Medical Information: The diocese will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods plants, insects, etc.) _____

By signing this release, I have and agree to the following: Search policies; grant permission for my child to attend SEARCH; liability release; emergency medical treatment release; release for prescription medication if deemed appropriate; and release for non-prescription medication if deemed appropriate.

Parent/Guardian if under 18 _____ Date _____

Participant's Signature _____ Date _____

2010

_____ September 24-26

_____ November 12-14

_____ December 17-19

Application for New Applicants (please print clearly)

Name _____

Current Address _____ Phone _____

City/State/Zip _____

E-mail _____

Parent/Guardian Name _____

Parent Address _____ Phone _____

City/State/Zip _____

Second person to call _____ Phone _____

Your age _____ Birth date _____ Female _____ Male _____ Catholic ... Yes No

High School/College _____ Church _____

2011

_____ January 28-30

_____ March 25-27

_____ April 29- May 1

_____ September 23-25

_____ October 28-30

_____ December 16-18

2012

_____ January 27-29

_____ March 23-25

_____ April 27-29

Enclosed \$75.00

"" **Make checks payable to: SEARCH –**
Please return this entire sheet with your check.

Mail to: Search Office, P.O. Box 1137, Bismarck, ND 58502-1137
Phone: 701-222-3035
Cell Phone: 701 -290-4137 or 701 -225-5509
Diocese: 701-222-3035

For Office Use Only

Date _____

Amount _____

Check # _____