

Parental/Guardian Consent Form and Liability Waiver

Bring original on day of event. The Adult Chaperones should keep a copy of this form for the duration of the event.

Description of Activity or Event

Event: Middle School NY Catholic Youth Day

Date: Sunday, September 28, 2025

Location: St. Joseph's Seminary, 201 Seminary Ave, Yonkers, NY 10704

Individuals in Charge:

From the Parish/School: _____

From the Archdiocese: Youth Faith Formation

Mode of Transportation:

To/From Parish/School to St. Joseph's Seminary: _____

Estimated Time of Departure/Arrival:

Departure from Parish/School: _____

Departure from St. Joseph's Seminary: _____

Participant Information

Participant's name: _____

Birth date: _____ Age: _____ Sex: _____

Parent/Guardian's name(s): _____

Home address: _____

Home Phone: () _____ Work Phone: () _____

Mobile Phone(s): () _____ () _____

Permission to Participate

I, _____ grant permission for my child, _____ to participate in
Parent or guardian's name Child's name

this event that requires transportation to a location away from the parish/school site. This activity will take place under the guidance and direction of the Archdiocese of New York and parish employees and/or volunteers from _____.

____ INITIAL HERE if you wish for your child to **NOT BE** photographed or recorded on video during the course of youth ministry events and for their image to be used in either print, electronic, or video form for the promotional purpose of future activities.

Hold Harmless Agreement

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

Name of Parish/School

Archdiocese of New York, 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, its officers, directors and agents, and the Archdiocese of New York its employees and agents and chaperones, or representative 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/diocese.

Signature: _____ Date: _____

Medical Consent and Permission to Treat

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.

Insurance Information:

Family Health Plan Carrier: _____ Policy Number: _____

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.

Signature of Parent/Guardian: _____ Date: _____

In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name: _____ Relationship: _____

Phone: () _____

My son/daughter is under the care of a medical provider. _____ Yes _____ No

Provider Name: _____ Phone Number: () _____

Other Medical Treatment: In the event it comes to the attention of the parish, its officers, directors and agents, and the Archdiocese of New York, chaperons, or representatives associated with the activity, that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called.

Signature: _____ Date: _____

Medications: My child is taking medication at present. My child will bring all 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:

Signature: _____ Date: _____

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

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

Immunizations: Date of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet? _____

Any physical limitations? _____

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting? _____

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

If so, list date and disease or condition: _____

You should be aware of these special medical conditions of my child: _____