

Parent/Guardian Consent Form and Liability Waiver

Description of Activity or Event

Activity/event: _____
Date of activity/event: _____
Location of activity/event: _____

Individuals in Charge:

From the parish/school: _____
Meeting site: _____
Mode of transportation: _____

Estimated Time of Departure/Arrival:

Departure from parish/school/site: Date: _____ Time: _____
Departure from activity/event site: Date: _____ Time: _____

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, _____ (parent or guardian's name), grant permission for my child, _____ (child's name), to participate in 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 parish/school employees and/or volunteers from _____ (name of parish/school).

OPTIONAL: (Initial here: _____) **I CONSENT** for my child to 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 _____ (name of parish/school), its officers, directors, employees and agents, and the 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/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 child is under the care of a medical provider: Yes No

Provider name: _____ Phone: () _____

Other Medical Treatment:

In the event it comes to the attention of the parish, its officers, directors and agents, and the chaperones 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: _____

READ AND SIGN IF YOUR CHILD IS TAKING MEDICATION AT PRESENT.

My child will bring all such medications necessary, and such medications will be well-labeled in a resealable bag. The bag must include instructions from the parent/guardian on how and when medication/treatments should be taken. Medications will be stored by the supervising adult leader in a secure area. At the prescribed times, youth can take their medications/treatments in the presence of a supervising adult leader. **Medications/treatments that require any form of disrobing must be self-administered by the student privately.** Exceptions to this policy are medications that need to be in the constant possession of the youth (e.g. insulin, inhalers or epinephrine pens).

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.): _____

Date of last tetanus/diphtheria immunization: _____

Does your child have a medically prescribed diet? Yes No

Any physical limitations? Yes No

Is your child subject to chronic homesickness, emotional reactions to new situations, sleepwalking or fainting?

Yes: _____ No

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

Yes No

If yes, list date and disease/condition: _____

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

Signature: _____ Date: _____