PARENTAL/GUARDIAN CONSENT FORM & LIABILITY WAIVER

Participant's Name	Date of Birth
Home Address	City/Zip Code
Parent(s)/Guardian(s)	Home Phone ()
Alternate Phone Number: ()	☐ Cell Phone or ☐ Work
Parish or Catholic School	Grade Age Sex
Participant's Email Address	
T-Shirt Size (Circle One): Small Medium	Large XL XXL XXXL
Important! To be filled out by the Parent/Guardian for youth under 18 years of age. If participant is 18 years of age or older, consent must be signed by the individual) I (name of parent/guardian), grant permission for my child, (participant's name),	
YOUTH PARTICIPANT: In signing the line below I agree to abide by any/all policies and rules established for this event/activity (see Code of Conduct). Should I not be able to maintain the guidelines and expectations of the adults and my peers, I understand that there will be consequences for my actions, including being removed from the activity and being sent home at my parent's expense.	
Signature (Youth Participant)	Date
VIDEO/PHOTOGRAPHY CONSENT As parent/guardian, I understand that promotional pictures and videos (individual and group) will be taken during this event. I give permission for my son's/daughter's picture to be used for promotional materials (newsletter, web page, calendars, power point, video etc.) in highlighting the event.	
Signature (Parent/Guardian)	Date

ARCHDIOCESE OF GALVESTON-HOUSTON

MEDICAL CONSENT FORM

Medical Matters

I hereby warrant 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 in accordance with your wishes:

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 and I understand that all financial obligations are my responsibility.

In the even of an emergency and you are unable to reach me, contact: Name & Relationship Family Doctor Medications My child will bring all such medications, well labeled, that are necessary. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency are as follows My child is taking the following medication at the present time. Medication(s): ______ Dosage: _____ Administer: I hereby **Do Not Grant Permission** for medication of any type, whether prescription or nonprescription may be administered by my child unless the situation is life threatening and emergency treatment is required. (Please initial) I hereby **Grant Permission** for nonprescription medication (such as Tylenol, throat lozenges, cough syrup) to be given to my child, if deemed advisable. I understand that Aspirin will not be given to my son/daughter. (Please initial) Medical Conditions Information: (Archdiocesan personnel will take reasonable care to see that the following information will be held in confidence.) My son/daughter has: Has had an episode the following or has been diagnosed: □Siezures ☐ Asthma ☐ Diabetic Allergic reactions to the following (foods, dyes, latex etc.) Has had a medical surgery within the last six months? \Box Yes \Box No Still under doctor's care? \Box Yes \Box No Has a medically prescribed diet? The following physical limitations? Immunizations current and up to date:

Yes

Date of last tetanus/diphtheria immunization You should also be aware of these special medical conditions of my child (e.g. depression, anxiety, etc.): Insurance Information: $\square \square No$, I do not carry medical insurance at this time. Name of Insured: _ Insurance Carrier:_____ Insurance Policy Number: Day Phone: Father's Name: Day Phone: Mother's Name: In the event it comes to the attention of the chaperones associated with the activity that my child becomes ill with repeated symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called immediately. If this will be a long distance call, I want to be called collect (with phone charges reversed to myself). I fully understand the foregoing statements and sign this Parental/Guardian Medical Consent Waiver knowingly, freely, and willingly. Signature (Parent/Guardian) Parent/Guardian must sign for anyone under 18 years of age. Date Signature (Participant 18 years of age or older must sign own consent) Date