

**Holy Cross Catholic Church**  
**PARENT/GUARDIAN CONSENT FORM AND LIABILITY WAIVER**

Participant's name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Male/Female: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian's name: \_\_\_\_\_

Home address: \_\_\_\_\_

Parent email address: \_\_\_\_\_

Parent's Cell Phone: \_\_\_\_\_

Child's Cell Phone (for chaperone purposes): \_\_\_\_\_

Friend(s) that they are going with if they are inviting one (friend will also need a separate form): \_\_\_\_\_

I, \_\_\_\_\_, grant permission for my child, \_\_\_\_\_,  
(Parent or guardians name) (Child's name)  
to participate in the **Ski Trip** that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of parish employees and volunteers from the **Holy Cross Catholic Church**. A brief description follows:

Type of event: **Ski Trip**  
Destination of event: **Andes Tower Hills in Alexandria, MN**  
Individual in charge: **Kristina Metcalfe**  
Date of event: **Monday, February 19, 2024 (backup date if needed: March 2<sup>nd</sup>)**  
Mode of transportation: **Coach Bus**

As a 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 **Holy Cross Catholic Church and the Diocese of Fargo**, its directors and agents, chaperons, 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, and I agree to compensate **Holy Cross Catholic Church and the Diocese of Fargo**, its directors and agents, chaperons or representatives associated with the event for reasonable attorney's fee and expenses arising in connection therewith.

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

***This document (both sides) should be kept with the chaperone attending the Youth Event!***

**(over)**

**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 treatment by the hospital or doctor.

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

Name & Relationship: \_\_\_\_\_

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

Family Health Plan Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

**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:** \_\_\_\_\_

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.

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

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

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

**Special Medical Information:**

Holy Cross Catholic Church 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 your child have a medically prescribed diet? \_\_\_\_\_

Physical limitations? \_\_\_\_\_

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

\_\_\_\_\_

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

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

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