

PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participant's name: _____

Birth date: _____ Sex: _____ Shirt Size: _____

Parent/Guardian's name: _____

Home address: _____

Home phone: _____ Business phone: _____

I, _____ grant permission for my child, _____

Parent or guardian's name

Child's name

to participate in this parish event 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/or volunteers from

_____. As parent and/or legal guardian, I remain legally

(Name of Parish)

responsible for any personal actions taken by the above named minor ("participant").

ABOUT THE EVENT:

Date: _____

Location: _____

Cost: _____

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

(Name of Parish)

and agents, and the Diocese of Brownsville, 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 Diocese of Brownsville, 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 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 further 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: _____

Other Medical Treatment: In the event it comes to the attention of the parish, its officers, directors and agents, and the Diocese of Brownsville, 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 collect (with phone charges reversed to myself).

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:

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 (i.e. non-aspirin products such as acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: _____ Date: _____

Specific Medical Information: _____ 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: _____

PHOTOGRAPH AND VIDEO CONSENT FORM:

From time to time, pictures and video may be taken of youth ministry events and gatherings. We would like to be able to use these photographs and videos for flyers, parish and diocesan publications, and the ministry website. Written consent of both the student and parent/guardian is required. Names will not be posted unless written authorization is given by the student and parent/guardian, and then only first names will be used. If there are concerns about pictures or videos posted on the website, please contact the ministry coordinator or webmaster, and they will promptly be removed.

I/We, the parent(s)/guardian(s) of this youth (name) _____, authorize and give full consent, without limitation or reservation, to _____ to
(Name of Parish)

publish any photograph or video in which the above named student appears while participating in any program associated with _____. There will be no compensation for use of any
(Name of Parish)

photograph or video at the time of publication or in the future.

I give permission for photos to be taken of my child during this event, and for those photos to be published in parish newsletters, parish website and publications.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____