

PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

PARTICIPANT'S NAME: _____

BIRTH DATE: _____ SEX: _____

PARENT/GUARDIAN'S NAME: _____

HOME ADDRESS: _____

HOME PHONE: () _____ BUSINESS PHONE: () _____

I, (name of parent or guardian) _____, grant permission for my child (name of child) _____, to participate this parish youth ministry 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 from (name of parish) _____ . A brief description of the activity follows:

Type of event or activity: _____

Destination of event or activity: _____

Individual in charge of and responsible: _____

Estimated time of departure and return: _____

Mode of transportation to and from event: _____

As parent, and/or legal guardian, I remain legally responsible for any personal actions taken by the above named young person ("participant").

I agree on behalf of myself, my child's other parent if known or living (name of parent) _____, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend (name of parish) _____, its officers, directors and agents, and the Diocese of San Diego, chaperons, or representatives associated with the event with respect to any and all actions, claims or demands that may be made or brought against the parish, its officers, directors and agents, and the Diocese of San Diego, chaperons, or representatives associated with the event, arising from or in connection with my child's attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Diocese of San Diego, chaperons, or representative associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

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 in accordance with your wishes:**

1. 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 NUMBER: _____

1) **Signature** _____ Date _____

2. OTHER MEDICAL TREATMENT: In the event it comes to the attention of the parish, its officers, directors and agents, and the Diocese of San Diego, 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 charged reversed to myself).

2) **Signature** _____ Date _____

3. 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:

3. **Signature** _____ Date _____

4. MEDICATIONS: CHOOSE ONE OF THE BELOW LISTINGS: (A OR B)

A) No medication of any type whether prescription or nonprescription may be administered to my child unless the situation is life-threatening and emergency treatment is required.

A) **Signature** _____ Date _____

B) I hereby grant permission for nonprescription medication (such as aspirin, throat lozenges, cough syrup) to be given to my child, if deemed advisable.

B) **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, chickenpox, etc.? If so, date and disease or condition: _____

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