

# Parental/Guardian Consent Form and Liability Waiver

## Description of Activity or Event

Event/Activity: \_\_\_\_\_

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, \_\_\_\_\_ grant permission for my child, \_\_\_\_\_ to participate in

Parent or guardian's name

Child's name

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 Archdiocese of New York and parish/school employees and/or volunteers from \_\_\_\_\_.

Name of Parish/School

### OPTIONAL

By initialing \_\_\_\_\_ **I DO NOT 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 \_\_\_\_\_, its officers, directors, employees and agents, and the

Name of Parish /School

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 son/daughter is under the care of a medical provider. \_\_\_\_\_ Yes \_\_\_\_\_ No

Provider Name: \_\_\_\_\_ Phone Number: (     ) \_\_\_\_\_

**Other Medical Treatment:** In the event it comes to the attention of the parish, its officers, directors and agents, and the Archdiocese of New York, 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.

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: \_\_\_\_\_

**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, chicken pox, etc.?

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

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

\_\_\_\_\_  
\_\_\_\_\_