



PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

PARTICIPANT'S NAME: _____

BIRTH DATE: _____ SEX: _____

PARENT/GUARDIAN'S NAME: _____

HOME ADDRESS: _____

HOME PHONE: () _____ MOBILE PHONE: () _____

I, _____, (parent/guardian) grant permission to _____, (name of youth) to participate in 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:

Name of event or activity: _____

Destination of event or activity: _____

Name of individual in charge: _____

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 _____ (name of youth). I _____, (parent/guardian) agree on behalf of myself, my child's other parent if known or living, or our heirs, successors, and assignees, to hold harmless and defend _____ (name of parish), the Diocese of San Diego; its officers, directors, agents, volunteers, chaperones, and representatives associated with the event with respect to any and all actions, claims or demands that may be made or brought against the parish, the Diocese of San Diego; its officers, directors, agents, volunteers, chaperones, and representatives associated with the event, arising from or in connection with my child attending this event or in connection with any illness, injury or cost of medical treatment in connection therewith. I agree to compensate the parish, the Diocese of San Diego; its officers, directors, agents, volunteers, chaperones, and representatives associated with this 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 his/her health.

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 grant permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment administered by the hospital or doctor.

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

NAME & RELATIONSHIP: _____

PHONE: () _____ (HOME/MOBILE)

FAMILY DOCTOR: _____ PHONE: () _____

FAMILY HEALTH PLAN CARRIER: _____

POLICY NUMBER: _____

Signature _____ Date _____

OTHER MEDICAL TREATMENT: In the event it comes to the attention of the parish, the Diocese of San Diego; its officers, directors, agents, volunteers, chaperones, and representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever or diarrhea, I want to be contacted.

Signature _____ Date _____

MEDICATIONS: My child is taking medication at present. My child will bring all medications necessary, and such medications will be **well labeled**. Names of medications and concise instructions for seeing that the child takes such medications, including dosage and frequency of dosage is as follows:

Signature _____ Date _____

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

A) 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.

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, H1N1, etc.? If so, date and disease or condition: _____

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

PHOTO/VIDEO RELEASE

I, _____ (parent/guardian) authorize the Office for Youth Ministry (OYM) of the Catholic Diocese of San Diego, its representatives, or volunteers, to photograph or record on audio or video (tape or digital) _____ (name of youth) for purposes of furthering the mission of the OYM, in this specific case, the creation of publication materials for adults who participate in _____ (event & date). Photos, audio, or video may be used in printed materials and any other visual display or media. I understand that such photos and/or video recordings will be used for OYM related purposes and will not be used for any commercial purpose whatsoever. I therefore hereby waive any kind and all rights I may have for remuneration of any kind that could otherwise accrue for the uses of such photos and/or audio or video recordings.

Signature _____ Date _____