

PARENTAL/GUARDIAN PERMISSION AND LIABILITY WAIVER

Participant's Name: _____

Birth Date: _____ Sex: _____

Parent/Guardian's Name: _____

Home Address: _____ Zip: _____

Home Phone: () _____ Business Phone: () _____

I, _____, grant permission for my son/daughter, _____,

Parent or Guardian's Name Child's Name

to participate in this parish youth ministry event, that requires transportation to a location away from the parish site. I, also consent to the use by of any videotapes, photographs, slides, audiotapes, or any other visual or audio reproduction in which I may appear. I understand that these materials are being used for promotion of the youth ministry of _____ (*Name of parish, group, school, etc.*). Such promotional activities extend to recruitment, fund-raising, advocacy, etc.

This activity will take place under the guidance and direction of parish employees and/or volunteers from _____

Parish/School/Group Name

Activity: A brief description of the activity/event follows: _____

Date(s) of Event: _____

On Site Telephone Number for Emergencies: _____

Destination: _____

Individual in Charge: _____

Estimated Time of Departure and Return: _____

Mode of Transportation to and from Event: _____

As parent/legal guardian, I remain legally responsible for any personal actions taken by my son/daughter named above.

I agree on behalf of myself, my son/daughter named herein, our heirs, successors, and assigns to hold harmless and defend _____

Parish/School/Group Name

its officers, directors, agents, and the Archdiocese of San Antonio from any liability for illness, injury or death arising from or in connection with my son's/daughter's attending the above named event, I release the staff, volunteers, etc. from any liability connected with the use of my picture or voice recording as part of any of the above or similar activities, and I agree to compensate the parish, its officers, directors and agents, and the Archdiocese of San Antonio, or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

Parent/Guardian Name (PRINT)

Signature Date

MEDICAL CONSENT AND PERMISSION TO TREAT

My child is in the care of _____ for the purpose of this youth ministry activity: _____

I am giving medical permission and consent to treat.

To the best of my knowledge, my child, _____ is in good health, and I assume all responsibility for the health of my child.

In the event of an emergency, I give permission to transport my child to a hospital for emergency treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

Parent/Guardian's Name: _____

Home Address: _____ Zip: _____

Home Phone: () _____ Business Phone: () _____

Cell Phone: (...) _____

If you are unable to reach me, please contact:

Name: _____

Relationship to me or my son/daughter: _____

Home Phone: () _____ Business Phone: () _____

Cell Phone: () _____

Please include a photocopy of your Insurance Card, front and back.

Insurance Carrier: _____ Policy Number: _____

My son/daughter is taking medication and will bring all medication with him/her and it will be clearly labeled. My son/daughter is taking the following medications) and directions for taking this medication, including dosage, frequency and storage are as follows:

I hereby grant permission for non-prescription medication (such as cough drops, cough syrup, Tylenol, etc.) to be given to my child if necessary. I understand that aspirin will not be given to my son/daughter without my express permission: I grant such permission ____ Yes, ____ No.

My son/daughter is allergic to the following: _____

My son/daughter's immunizations are current and up to date ____ Yes, ____ No.

My son/daughter has the following limitations: _____

My son/daughter experiences homesickness, emotional reactions to new situations, sleepwalking, fainting, bedwetting, etc. ____ Yes, ____ No. Please explain: _____

Parent/Guardian Name (PRINT) _____

Signature

Date

REPORT OF ILLNESS OR INJURY

Name of Participant: _____

Parish/School/Group: _____

Activity/Event: _____

Date of Activity/Event: _____

Location of Activity/Event: _____

Type of Illness or Injury: _____

Please detail circumstances of the injury or illness: (Who, What, Where, When, How)

Action Taken: _____

By Whom Was the Action Taken: _____

Was a parent/guardian notified? (If yes, give particulars of time, date, and content of notification.)

Yes

No

Name of person making this report: (Please Print) _____

Position: _____

Signature

Date