

**HOLY FAMILY PARISH, FREEBURG, MO**

**PARENTAL/GUARDIAN CONSENT FORM, LIABILITY WAIVER & MEDICAL CONSENT (Transportation Provided)**

please PRINT legibly

**Youth Participant's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address** \_\_\_\_\_ **City/State/Zip** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Male Female (please circle)**

**Parent/Guardian's Name:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Parent/Guardian's Name:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**CONSENT & LIABILITY WAIVER**

**Important! To be filled out by the Parent/Guardian for youth under 18 years of age & individuals age 18 or older who are in high school. Individuals age 18 or older and still in high school must also complete and submit a ADULT MEDICAL RELEASE AND LIABILITY WAIVER as well.**

I, as parent or guardian of my child, do hereby agree to allow my child to participate in the event/ activity:

**Event & Location: Various Service Projects in our local and neighboring communities**

**Date & Time: September, 2019 through April, 2020**

**Method of Transportation: Various**

I understand that information describing each of the planned events/activities will be provided to me prior to event/activity date.

I acknowledge that transportation to and from the event/ activity could be provided by adult volunteers or contracted bus service, or my child, with my permission, may drive him/herself to the event/activity. I acknowledge and assume the risk of this transportation for my child. My child must comply with the parish's rules and procedures. In consideration of the parish allowing my child to participate in the event/activity, I also waive any claims against, and RELEASE AND HOLD HARMLESS AND INDEMNIFY, the Diocese of Jefferson City, Holy Family Parish, and any of their religious, employees, volunteers, agents and representatives from any liability, claims, demands and causes of action and claims arising out of or relating to any loss, damage or injury sustained in connection with or arising out of my child's participation in the event/activity, including transporting my child to and from the event/activity.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**YOUTH PARTICIPANT:** In signing the line below I agree to abide by any/all policies established for this event/activity. Should I not be able to maintain the guidelines and expectations of the adults and my peers, I understand that there will be consequences for my actions, including being removed from the activity and being sent home at my parent/guardian's expense.

\_\_\_\_\_  
Youth Participant's Signature

\_\_\_\_\_  
Date

**VIDEO/PHOTOGRAPHY CONSENT**

I understand and consent that photographs/video recordings/audio recordings of my child may be taken, produced and may be used in publications, websites or other materials produced from time to time by the Office of Youth and Young Adult Ministry, the Diocese of Jefferson City and parishes of the Diocese of Jefferson City (collectively "Diocese"). I also understand that my child will not be identified, without specific written consent. In consideration of the Parish allowing my child to participate in the event/activity, I grant to the Diocese the right to publish, reproduce and display photographic images/video recordings/audio recordings of my child for use in all media, electronic or otherwise, in connection with publications, web pages and/or social media of the Diocese. I hereby authorize the reproduction, sale, lease, copyright, exhibition, broadcast and/or any distribution of said photographs/video recordings/audio recordings without limitation for any purpose whatsoever; and I further waive all rights to any compensation for my child's appearance or participation in the photographs/video recordings/audio recordings. I hereby expressly assign to the Diocese, all the rights, title and interest in, and to all photographs/video recordings/audio recordings made by such in which my child appears and/or his/her voice is used in and in connection with the video recording of this event. I understand and acknowledge that the Diocese has no control over the use of photographs/video recordings/audio recordings taken by media that may be covering the event in which my child participates.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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**Medical Matters**

I hereby warrant to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

**Emergency Medical Treatment**

In the event of an emergency, I hereby give permission to transport my child to a hospital/clinic for emergency medical or surgical treatment.

In the event of an emergency and you are unable to reach me, contact:

Name & Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

**Medications**

\_\_\_\_\_ I hereby **Grant Permission** for my child to be given the following provided medications. My child will bring all such medications, well labeled. [NOTE: Any/all prescription medications must be in original pharmacy container with young person's name on the prescription label. Non-prescription/over-the-counter medications must be in original container with young person's name on the container.] (Please initial)

Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency are as follows:

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Administer: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Administer: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Administer: \_\_\_\_\_

**Medical Conditions Information:** (Holy Family personnel will take reasonable care to see that the following information will be held in confidence.)

My child:

- Has had allergic reactions to the following (foods, dyes, latex, etc.) \_\_\_\_\_
- Is allergic to the following medications \_\_\_\_\_
- Has had an episode of the following or has been diagnosed with:  Seizures  Asthma  Diabetic
- Has had a medical surgery within the last six months?  Yes  No Still under doctor's care?  Yes  No
- Has a medically prescribed diet (please explain) \_\_\_\_\_
- Has the following physical limitations \_\_\_\_\_
- Immunizations current and up to date?  Yes  No Date of last tetanus/diphtheria immunization \_\_\_\_\_
- You should also be aware of these special medical conditions of my child: \_\_\_\_\_

**Insurance Information:**  \_\_\_\_\_ **No, I do not carry medical insurance at this time.**

Insurance Carrier: \_\_\_\_\_ Name of Insured: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

**In the event the participant does not have insurance, payment in full for medical care becomes the responsibility of the participant's parent/guardian.**

I fully understand the foregoing statements and sign this Parental/Guardian Consent Form, Liability Waiver & Medical Consent knowingly, freely, and willingly.

\_\_\_\_\_  
Parent/Guardian Signature (must sign for any participant under 18 &/or 18 or older & in high school) Date

\_\_\_\_\_  
Participant Signature (participant 18 years of age or older must sign) Date