

St. Kieran Youth Group
1510 Greenfield El Cajon, CA 92021 (619) 588-6881

Complete & bring form and return

PARENTAL/GUARDIAN CONSENT FORM/LIABILITY WAIVER

St. Kieran Youth Event

Event / Destination:

Nathalie or Tom Horning, Youth Coordinators or St. Kieran Chaperone(s)

Designated Supervisor of Activity:

Method of Transportation:

Parent must provide transportation to and from event

Participant's Name: _____

Grade: _____

Date of Birth: _____

Sex: M / F

Parent/Guardian's Name: _____

Address: _____

Emergency Phone: _____ Alternate Phone: _____

I, _____ grant permission for my child, _____

Parent/Guardian Name – Please Print

Participant Name – Please Print

to participate in this St. Kieran Youth Ministry event. As a 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 St. Kieran Parish and the Roman Catholic Bishop of San Diego, its officers, directors, 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 St. Kieran Parish, its officers, directors and agents, and the Roman Catholic Bishop of San Diego, its employees and agents and chaperones, or representatives 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 St. Kieran Parish or the Roman Catholic Bishop of San Diego.

I further understand, if my teen is unable to follow the guidelines for the above activity and causes a problem the chaperones cannot handle, I will be responsible for coming to the activity to pick he or she up. If any incident or injury happens the teen is to immediately notify the youth minister or chaperones of the event.

Parent/Guardian Signature

Date

Photo/Video Release: Photos or Videos may be used of my teen in printed materials or visual displays, or media for use in furthering the mission of St. Kieran Youth Ministry, and only used for 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.

Parent/Guardian Signature

Date

MEDICAL INFORMATION

St. Kieran Youth Event

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.

Complete and sign the following statements that are applicable

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 numbers on the reverse side of this form, contact:

Name: _____

Relationship to participant: _____

Primary Phone: _____ Secondary Phone: _____

Health Insurance Carrier: _____

Insurance ID Number: _____ Insurance Policy Number: _____

Family Doctor: _____ Phone: _____

Parent/Guardian Signature

Date

Other Medical Treatment: In the event it comes to the attention of St. Kieran, its officers, directors and agents, the Roman Catholic Bishop of San Diego, chaperones, 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.

Parent/Guardian Signature

Date

Medications: My child needs to take medication while on this St. Kieran Youth Ministry sponsored field trip. The necessary medication will be well-labeled and delivered to the St. Kieran Youth Ministry office prior to departure. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

My Child is allergic to: (medications) _____

Parent/Guardian Signature

Date