

Youth Ministry Liability Form 2019-20

MEDICAL INFORMATION AND PARENTAL/GUARDIAN CONSENT FORM/LIABILITY WAIVER

Participant's name: _____ Date of birth: _____

Sex: _____ Grade: _____ School (Name and City): _____

Home address: _____ City: _____ Zip Code: _____

Parent/Guardian's name: _____ Parent Email: _____

Parent/Guardian Home phone: _____ Parent/Guardian Cell Phone: _____

I, _____ grant permission for my child, _____ to participate in any
Parent or guardian's name *Child's name*
event organized by St.John/St.Mary between and including the dates of Sept 2019 and
Aug 2020. If the event is offsite, I also grant permission for my child to be transported by
any means of official transportation organized by St.John/St.Mary or their representatives.

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 St.John/St.Mary its officers, directors, employees and St.John/St.Mary agents, and the Diocese of Green Bay, 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/school, its officers, directors and agents, and Diocese of Green Bay 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/school or the Diocese of Green Bay.

Signature: _____ **Date:** _____

MEDIA RELEASE: By signing below, I give permission for my child(ren)'s participation in videotaping and/or photographs which may be taken during the program/trip. These could be used for further promotional videos, website promotions, fliers, or other diocesan or parish appropriate uses.

Signature: _____ **Date:** _____

COMMUNICATIONS: I have been made aware of the *Safe Environment Social Communications Policy* for the Diocese of Green Bay and any related local practices and guidelines concerning social communication. By signing below, I **do [] do not []** give permission for communication with my minor child via social media or other digital means, in accordance with this policy and local practices and guidelines.

Signature: _____ **Date:** _____

child's email: _____ child's phone #: _____

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 above numbers, contact:

Name & relationship: _____ Phone: _____

Child's Family doctor: _____ Phone of Doctor: _____

Family Health Plan Carrier: _____ Policy #: _____

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 the health of my child. (Of the following statements pertaining to medical matters, sign only those that are applicable.)

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:** _____

Please check ONE of the Following:

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.

I hereby grant permission for non-prescription medication (i.e. non-aspirin products such as acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: _____ **Date:** _____

Specific Medical Information: The parish/school will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.): _____

Does child have a medically prescribed diet? _____

Does child have any physical limitations? _____

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

By completing this form, I agree that if any information submitted in this form changes between **Sept 2019 and Aug 2020**, it is my responsibility to notify **St. Mary/St. John Parish** so it can be updated with the relevant information.