

PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

PARTICIPANT'S NAME: _____

BIRTHDATE: _____ SEX: _____

PARENT/GUARDIAN'S NAME: _____

HOME ADDRESS: _____

HOME PHONE: () _____ CELL PHONE: () _____

BUSINESS PHONE: () _____

I, (Name of parent or guardian) _____, grant permission for my child (Name of child)

_____ 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) St. Mary Escondido. A brief description of the activity follows:

Type of event or activity: World Youth Day and New Zealand Excursion

Destination of event or activity: New Zealand and Sydney, Australia

Individual in charge of and responsible: Melissa Goncalves/ Justin Panlasigui

Date of the event or activity: July 6, 2008 – July 21, 2008

Estimated time of departure and return: NA

Mode of transportation to and from the event: Car, Bus, Plane, Boat, Ferry, Public transportation

As a parent, and/or legal guardian, I remain legally responsible for any personal actions taken by the above named young person (Participant).

I agree on behalf of myself, my child's other parent if known or living (Name of parent) _____, my child named herein, or our heirs, successors and assigns, to hold harmless and defend (Name of parish) St. Mary Escondido, its officers, directors and agents and the Diocese of San Diego, chaperones or representatives associated with the event with respect to any and all actions, claims or demands that may be made or brought against the parish, its officers, directors and agents and the Diocese of San Diego, chaperones or representatives associated with the event arising from or in connection with my child's attending the event or in connection therewith, and I agree to compensate the parish, its' officers, directors and agents and the Diocese of San Diego, chaperones or representatives associated with the 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 the health of my child. 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 give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatments 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: _____

HOME PHONE: () _____ CELL PHONE: () _____

BUSINESS PHONE: () _____

FAMILY DOCTOR: _____ PHONE #: () _____

(OVER)

Family Health Plan Carrier: _____

Policy Number: _____

1). Signature: _____ Date: _____

Other Medical Treatment: In the event it comes to the attention of the parish, its officers, directors and agents and the Diocese of San Diego, chaperones or representatives associated the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever or diarrhea, I want to be called collect (with phone charged reversed to myself)>

2). Signature: _____ Date: _____

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 child takes such medications, including dosage and frequency of dosage are as follows:

3). Signature: _____ Date: _____

No medication of any type whether prescription or nonprescription may be administered to my child unless the situation is life-threatening and emergency treatment is required.

4). Signature: _____ Date: _____

I hereby grant permission for nonprescription medication (such as aspirin, throat lozenges, cough syrup) to be given to my child if deemed advisable.

5). 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 or fainting? _____

Has child recently been exposed to a contagious disease or conditions, such as: mumps, measles, chickenpox, etc.? If yes, date and disease or condition: _____

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