


OUR LADY OF GRACE
 CATHOLIC CHURCH
PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Youth Participant's name: _____
 Grade Level: _____ Birth date: _____ Sex: _____
 Youth Cell-phone: _____ Youth e-mail: _____
 Parent/Guardian(s)'s Name: _____
 Home address: _____
 Home phone: _____ Parent/Guardian(s)'s cell-phone: _____
 Parent/Guardian(s)'s e-mail: _____

Checking below indicates you will be in attendance at the event at no cost to you.

I will be a chaperone I can't help this time

I, _____ grant permission for my child, _____,
(Parent/guardian's name) (Child's name)

to participate in this parish 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 and/or volunteers from Our Lady of Grace Parish, a part of the archdiocese of St. Paul/Minneapolis. I, hereby authorize the making of photographs, motion pictures, video tapes, recording, or other memorializing of said event and my child's participation therein, and the publication and duplication or other use thereof. I hereby waive any rights to compensation or any right that I otherwise might have to limit if to control such making or use. The identity of any participants photographed will not be publicized. The Parish/School sponsoring this activity is responsible for receiving an authorized form for each participant under the age of 18, if deemed necessary for overnight events or other activities requiring responsible behavior.

A brief description of the activity follows:

Type/date of event: Overnight High School Retreat
 Cost of event: \$100
 Destination of event: Camp Victory 58212 403rd Ave, Zumbro Falls, MN 55991
 Individual in charge: Veronica Whelan
 Retreat Begins: March 8th 7PM at Camp Victory
 Retreat Ends: March 10th at 2:00PM at Camp Victory
 Mode of transportation to and from event: Participants provide their own transportation

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant").

I, _____ grant permission for my child, _____,
(Parent/guardian's name) (Child's name)

To participate in the above named activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify the parish/school and the Archdiocese of St. Paul/Minneapolis from any claims or law suits brought against the parish/school/Archdiocese of St. Paul/Minneapolis by myself, my child or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the parish/school and Archdiocese in defense of such a claim/law suit. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend Our Lady of Grace Parish a part of the Archdiocese of St. Paul/Minneapolis its officers, directors, employees and agents, and the Archdiocese of St. Paul/Minneapolis, its employees and agents, chaperons, 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, its officers, directors and agents, and the Archdiocese of St. Paul/Minneapolis, its employees and agents and chaperons, 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/diocese.

As parent or guardian, I agree to all of the above stated considerations and conditions.

Parent/Guardian(s)'s 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.)

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: _____ Family doctor: _____ Phone: _____
Family Health Plan Carrier: _____ Policy #: _____
Signature: _____ Date: _____

Other Medical Treatment: In the event it comes to the attention of the parish, its officers, directors and agents, and the Arch/Diocese of St. , chaperons, 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 collect (with phone charges reversed to myself).

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

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.

Signature: _____ Date: _____

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 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, fainting?

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, etc.?

If so, list date and disease or condition: _____

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