

# **PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER**

PARTICIPANT'S NAME: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ SEX: \_\_\_\_\_

PARENT/GUARDIAN'S NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

I, \_\_\_\_\_, grant permission for my child \_\_\_\_\_  
*name of parent or guardian* *name of child*

to participate in this parish activity 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 ST. ROSE OF LIMA PARISH.

Type of event or activity: YOUTH DAY – L.A. RELIGIOUS ED. CONGRESS

Destination of event or activity: ANAHEIM CONVENTION CENTER

Individual in charge or and responsible: EVANGELY ALIANGAN

Estimated time of departure and return: 5:30 A.M. TO 7:30 P.M.

Mode of transportation to and from event: BUS FROM ST. MICHAEL'S CHURCH

As 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 \_\_\_\_\_  
Parent's Name

My child named herein, or our heirs, successors, and assigns, to hold harmless and defend, Saint Rose of Lima Parish, its officers, directors and agents, and the Diocese of San Diego, chaperons, 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, chaperons, or representatives associated with the event, arising from or in connection with my child's attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Diocese of San Diego, chaperons, or representative associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I grant permission to the St. Rose of Lima staff to take and use photographs of this minor for church use. \_\_\_\_\_  
Initial

**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 THAT 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 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 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, 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).

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

3) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please sign number 4 OR 5: DO NOT SIGN BOTH**

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: \_\_\_\_\_

**Special 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, chickenpox, etc.? If so, date and disease or condition. \_\_\_\_\_

You should be aware of these special medical conditions of my child. \_\_\_\_\_