Office of Youth Ministry Liability Form

MEDICAL INFORMATION ANDPARENTAL/GUARDIAN CONSENT FORM/LIABILITY WAIVER

Participant's name: _____Date of birth: _____

Sex: _____Parent/Guardian's name: _____

Home address: _____

Home phone: _____ Cell phone: _____

Email _____

I, _____ grant permission for my child, _____ to participate in this
Parent or guardian's name ***Child's name***
event that requires transportation to a location away from the parish/school/diocesan site. This activity will take place under the guidance and direction of parish/school/diocesan employees and/or volunteers from the Diocese of Green Bay.

A BRIEF DESCRIPTION OF THE ACTIVITY IS AS FOLLOWS:

Type of event: Vacation Bible School
Date of event: August 12-16, 2024
Destination of event: St. Patrick Parish - Stiles
Individual in charge: Theresa Blazer
Time of class: 8:30 – 11:30 AM

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 the St. Anthony & St. Patrick Parish its officers, directors, employees and
Name of Parish
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: _____

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: _____

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

Family Health Plan Carrier: _____ Policy #: _____

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:

_____

_____

Signature: _____Date: _____

Choose ONE of the Following:

1. 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: _____

2. 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: _____

MEDIA RELEASE: This authorization form constitutes 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 of Parent/Guardian_____

**Please be aware that legally, the group leader can search any person's room and/or possessions if there is suspicion of any illegal behavior. **