

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, _____
Parent or 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 _____
Name of parish

A brief description of the activity follows:

Type of event: _____

Date of event: _____

Destination of event: _____

Individual in charge: _____

Estimated time of departure and return: _____

Mode of transportation to and from event: _____

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 _____, its officers, directors, employees
Name of Parish

and agents, and the Arch/Diocese of _____, 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 Arch/Diocese of _____, 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.

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 _____, 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:

Signature: _____ Date: _____

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: _____

ST. JOSEPH YOUTH CODE OF CONDUCT

The following are a few rules all participants are expected to follow while participating and representing

_____ Church of St. Joseph, Mandan, ND _____

In this event sponsored by _____ Church of St. Joseph, Mandan, ND _____

On _____

Please read and Sign

I, _____, will:
(Youth Participant's Name)

- Treat all others with respect and not cause intention harm (physically, emotionally, or spiritually) to any person in any way.
- Respect the property of others including all program facilities and property.
- Following all appropriate instructions of all personnel aiding in this event, including, but not limited to, chaperones, support staff, transportation, personnel and administration
- Be on time for all check-in and departure times.
- Not have in possession any tobacco, alcohol or any controlled illegal substance.
- Dress appropriately and have comfortable shoes. Remember you are representing your church. No short shorts or skirts, no spaghetti straps, no bikinis, and no inappropriate sayings on t-shirts or pants. If there is an outfit in question, pick sometime different
- Cell phone use to be kept to a minimum. Turn off cell phones when in sessions or talks.

I agree that is any of these terms are violated, the Church of St. Joseph and/or Shawna Helbling can send the participant home at the participant/guardian expense.

(Youth Participant Signature)

(DATE)

(Parent/Guardian Signature)

(DATE)

To participate in this event, this form must be returned to Shawna and signed not later than _____