

PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participant's name: _____
Birth date: _____ Gender: _____
Parent/Guardian's name: _____
Home address: _____
Home phone: _____ Cell phone: _____
Email address: _____

I, _____ grant permission for my child, _____
Parent or guardian's name *Child's name*
to participate in this event. This activity will take place under the guidance and direction of
parish/school employees and/or volunteers from Christ the King Catholic Church.
Name of parish/school

A brief description of the activity follows:

Type of event: Christ the King Youth Ministry General Meetings 2017-2018
Date & time of event: August 2017-June 2018
Individual in charge: Abigail Ulbrich, Director of Youth Ministry
If the event is offsite:
Destination of event: _____
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 Christ the King,
Name of Parish/School

its officers, directors, employees and agents, and the Diocese of Fort Wayne- South Bend, 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, its officers, directors and agents, and the Diocese of Fort
Wayne-South Bend, its employees and agents and chaperones, or representatives 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. **Please read the statements on the
following/reverse page 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/school its officers, directors and agents, and the Diocese of fort Wayne-South Bend, chaperones, 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/school 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: _____
