

Youth Ministry Liability Form 2016-2017

MEDICAL INFORMATION AND PARENTAL/GUARDIAN CONSENT FORM/LIABILITY WAIVER

Participant's name: _____ Date of birth: _____

Sex: _____ Parent/Guardian's name: _____

Home address: _____

Home phone: _____ Parent Email: _____

I, _____ grant permission for my child, _____ to participate in any
Parent or guardian's name *Child's name*
event organized by St. John/St. Mary between and including the dates of JUNE 2016 and MAY 2017. If the
event is offsite, I also grant permission for my child to be transported by any means of official transportation
organized by St. John/St. Mary or their representatives.

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 St. John/St. Mary its officers, directors, employees and St. John/St. Mary
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:** _____

Please check ONE of the Following:

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.

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 _____

By completing this form, I agree that if any information submitted in this form changes between **JUNE 2016** and **MAY 2017**, it is my responsibility to notify **Brianna Trifiletti**, **briannatrifiletti@spiritusministries.org** so she can update the relevant information.