



PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Child's Name _____
Date of Birth _____ Male ____ Female ____
Parent/Guardian Name _____
Home Address _____
Contact Phone _____

I, _____, grant permission for my child _____ to
Name of Parent or Guardian Child's Name
participate in this parish event. 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
Child. I agree on behalf of myself, my Child named herein, as well as our respective heirs, successors, and assigns,
to hold harmless and defend _____, and The Roman Catholic
Name of Parish

Bishop of San Diego, a corporation sole ("Diocese of San Diego"), and their respective clergy, officers, directors,
employees, agents, volunteers, chaperones and representatives associated with the event, from any claim arising
from or in connection with any illness or injury (including death) suffered by the above-named Child related to the
above-referenced event, including the cost of medical treatment in connection therewith, and I agree to compensate
the Parish, the Diocese of San Diego, and their respective clergy, officers, directors, employees, agents, volunteers,
chaperones and representatives associated with the event for reasonable attorney fees and expenses which may incur
in an action brought against them as a result of such injury or damage, unless such claim arises from the negligence
or willful misconduct of the Parish or Diocese of San Diego.

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 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 will 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: _____

Signature: _____ **Date:** _____

OTHER MEDICAL TREATMENT: In the event it comes to the attention of the parish, the Diocese of San Diego, its officers, directors, agents, volunteers, chaperones, and representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever or diarrhea, I want to be contacted.
Signature: _____ **Date:** _____

MEDICATIONS: My child is taking medication at present. My child will bring all medications necessary, and such medications will be well labeled. Names of medications and concise instructions for seeing that child takes such medications, including dosage and frequency of dosage is as follows:

Signature: _____ **Date:** _____

MEDICATIONS: CHOOSE ONE OF THE BELOW LISTINGS: (A OR B)

A) 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.

A) **Signature:** _____ **Date:** _____

B) I hereby grant permission for nonprescription medication (such as aspirin, throat lozenges, cough syrup) to be given to my child, if deemed available.

B) **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, chickenpox, H1N1, etc.? If so, date and disease or condition: _____

You should be aware of these special medical conditions of my child: _____

PHOTO/VIDEO RELEASE

I, _____, authorize the Office for Youth Ministry (OYM) of the Catholic
Name of Parent or Guardian

Diocese of San Diego, its representatives, or volunteers, to photograph or record on audio or video (tape or digital)
_____ for purposes of furthering the mission of the OYM, in this specific

Child's Name
case, the creation of publication materials for adults who participate in _____ . Photos,
Event and Date

audio, or video may be used in printed materials and any other visual display or media. I understand that such photos and/or video recordings will be used for OYM related purposes and will not be used for any commercial purpose whatsoever. I therefore hereby waive any kind and all rights I may have for remuneration of any kind that could otherwise accrue for the uses of such photos and/or audio or video recordings.

Signature: _____ **Date:** _____