

St. Joseph's Catholic Youth Ministry

Diocesan High School Youth Rally

PARENTAL/GUARDIAN CONSENT FORM and LIABILITY WAIVER

Participant's name: _____ Grade: _____

Birth date: _____ Sex: _____ Parent/Guardian's name: _____

Home address: _____

Home Phone: _____ Cell Phone _____

E-Mail _____

I, _____, grant permission for my child, _____,
(Parent or guardians name) (child's name)

to participate in this diocesan youth ministry event that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of diocesan employees and volunteers from the parishes in the Diocese of Crookston. A brief description follows:

Type of event: High School Youth Rally
Location of event: Holy Rosary Catholic Church
Individual(s) in charge: Melissa Hund-Cerna, Coordinator of Faith Formation Grades 6-12
701-367-3345
Date of event: Sunday, October 29th 12- to 9 pm
Cost of event: \$60.00 per person (scholarships are available)
Mode of transportation: Richards School Bus
Permission to publish photos: Yes / No (e.g. Diocesan website, Diocesan newspaper, parish website, parish facebook page, and youth ministry facebook page)
Registration Due: Monday, October 23rd to the parish office. Please make checks payable to St. Joseph's Catholic Church.

As a 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. Joseph's Catholic Church, The Diocese of Crookston, its officers, directors and agents, chaperones, or representatives associated with the event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate St. Joseph's Catholic Church, the Diocese of Crookston, its officers, directors and agents, chaperons or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

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 treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me, 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 Diocese of Crookston, its officers, directors and agents, chaperones, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I would like to be contacted:

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 (such as aspirin, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: _____ Date: _____

Special Medical Information:

The Diocese of Crookston 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? _____

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, etc.? If so, date and disease or condition: _____

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