

Diocese of Little Rock / Office of Catholic Youth Ministries

REVISED 8-2016

PARENTAL/GUARDIAN CONSENT, LIABILITY WAIVER AND MEDICAL CONSENT

Participant's Name: _____ Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Guardian's Name: _____ Home Phone(____) _____

Alternate Phone Number: (____) _____ Cell Phone Pager Work

Parish: _____ Grade _____ Age _____ Sex: M/F

CONSENT & LIABILITY WAIVER

**Important! To be filled out by the Parent/Guardian for youth under 18 years of age.
If participant is 18 years of age or older, consent must be signed by the individual.**

I (name of parent/guardian) _____, grant permission for my child, (participant's name) _____, to participate in **any and all events that are produced, conducted or executed by the Diocese of Little Rock's Youth Ministry Office from July 1, 2016 to June 30, 2017 ("Youth Ministry Office events"), including but not limited to the following: Junior High Spectacular, Senior High Youth Rally, Weekend Extravaganza, Confirmation Retreat, State Convention and Catholic Charities Summer Institute.**

I agree on behalf of myself, my child's other parent if known, or living (name of parent) _____, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Diocese of Little Rock, the sponsoring parish (its pastor, youth minister, other agents, etc.) or any representatives associated with the scheduled activity unless the parties involved were careless or negligent. I also give my permission for the Diocese to use any photographic images of my child for Diocesan use and allow the Diocese to communicate with my child through the use of social media.

Signature (Parent/Guardian)

Date

Signature

(Participant 18 years of age or older must sign own consent)

Date

MEDICAL CONSENT

(EFFECTIVE FROM JULY 1, 2016 TO JUNE 30, 2017)

Medical Matters

I hereby warrant 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 to your wishes:

Emergency Medical Treatment

In the event of any 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 any emergency and you are unable to reach me, contact:

Name & Relationship _____ Phone (____) _____

Family Doctor: _____ Phone (____) _____

Medications

My child will bring all such medications, well labeled, that are necessary. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency are as follows:

My child is taking the following medication at the present time:

Medication(s): _____ Dosage: _____

Administer: _____

_____ I hereby **DO NOT GRANT PERMISSION** for medication of any type, whether prescription or nonprescription may be administered by my child unless the situation is life threatening and emergency treatment is required. (Please initial)

_____ I hereby **GRANT PERMISSION** for nonprescription medication (such as Tylenol, throat lozenges, cough syrup) to be given to my child, if deemed advisable. (Please initial)

MEDICAL CONDITIONS INFORMATION

(Diocesan personnel will take reasonable care to see that the following information will be held in confidence)

My son/daughter has: _____

Has had an episode of the following or has been diagnosed Seizures Asthma Diabetic

Allergic reactions to the following (foods, dyes, latex, etc.) _____

Has had medical surgery within the last six months? Yes No Still under Doctor's care? Yes No

Has a medically prescribed diet? _____

The following physical limitations? _____

Immunizations current and up to date: Yes No Date of last tetanus/diphtheria immunization _____

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

INSURANCE INFORMATION

(Please attach a copy of the Insurance Card, front and back, with this form)

Insurance Carrier: _____

Name of Insured: _____

Insurance ID Number: _____ Insurance Policy Number: _____

Father's Name: _____ Birth Date: _____

Place of Employment: _____

Mother's Name: _____ Birth Date: _____

Place of Employment: _____

No, I do not carry medical insurance at this time.

In the event it comes to the attention of the chaperones associated with the activity that my child becomes ill with repeated symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called immediately. If this will be a long distance call, I want to be called collect (with phone charges reversed to myself).

I acknowledge and agree that it is my responsibility to inform the Diocese of Little Rock's Youth Ministry Office if at any time any of the above information needs to be changed, amended, or updated prior to the expiration date of this Medical Consent,

Signature (Parent/Guardian) Parent Guardian must sign for anyone under 18 years of age

Date

Signature (Participant 18 years of age or older must sign own consent)

Date