

ATTACHMENT "E"
Diocese of Amarillo Revised 3/04/2004

Name of Parish
Parent/Guardian Permission and Liability Waiver & Medical Consent to Treat

Please Print

Youth Participant's Name: _____

Date of Birth: _____ Male/Female: _____

Parent/Guardian Name: _____

Home Address: _____

City: _____ State _____ Zip Code: _____

Home Phone: () _____ Business () _____

Youth E-mail Address: _____

I, _____ grant permission for my son/daughter, _____
Parent or Guardian's NameParticipant's Name

to participate in the _____ on _____
Title of EventDate of Event
at _____ :
Location of Event

This activity will take place under the guidance and direction of parish employees and/or volunteers from

the parish youth ministry group of _____
Name of Parish

Individual In Charge: _____

Estimated Time and Date of Departure from: _____

Estimated Date and Time of Return to: _____

Mode of Transportation To and From Event: _____

As parent/legal guardian, I remain legally responsible for any personal actions taken by my son/daughter named above. I agree on behalf of myself, my son/daughter named herein, our heirs, successors, and assigns to hold harmless, _____

Name of Parish

the Diocese of Amarillo, their officers, directors, and agents from any liability for illness, injury or death arising from or in connection with my son's/daughter's attending the above-named event. I agree to compensate the above-named parish, Diocese, their officers, directors and agents, and/or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

I/We likewise release from liability any person(s), airline, bus company, or other transportation service, transporting my child, in a privately owned and/or leased vehicle, to and from any activities connected with the above named event(s), with the exception of gross negligence due either fully, or in part, to mechanical failure and/or operator error.

Additionally, I/We give permission for my/our son/daughter/guardianship to be photographed during activities associated with the above-mentioned event. I/we understand that said photos/videos may be used for future publicity within the parish, Diocese, and or Catholic Church.

By signing this form, I agree to abide by any/all policies and rules established for this even/activity.

Signature _____

Parents or Guardian

Date _____

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Signature

Participants/youth

Date

In signing the above line, I agree and covenant to follow all rules of conduct established for participation in this event. I understand that any serious infraction of these rules will result in my parent/guardian being notified and being asked to leave the conference at my or their own expense. Basic rules/expectations include, but are not limited to, the following: Respect for all adults leaders, peers, and all property; NO illegal drugs, alcohol, underage smoking, firearms, explosives, or illegal substances; Male and females are to remain in separate sleeping spaces at all times; No inappropriate physical/sexual activity; Appropriate attire is to be worn at all times. Other guidelines may be set forth accordingly by adult chaperones present for the event(s).

To the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. In the event of an emergency, I give permission to transport my child to a hospital for emergency treatment. I wish to be advised prior to any further treatment by the hospital or doctor. My child's age: _____ Height: _____ Weight: _____

I hereby grant permission for non-prescription medicine (such as cough drops, cough syrup, Tylenol, etc.) to be given to my child as necessary. I understand that aspirin will not be given to my child.

If you are unable to reach me, please contact

Name: _____

relationship: _____ phone#: _____

Please attach a photocopy of your Insurance Card, front and back.

Insurance Carrier: _____ Policy Number: _____

Insurance ID Number: _____

Please fill in the following as it pertains to your child.

My son/daughter is taking medication and will bring all medication with him/ her and it will be clearly labeled. My son/daughter is taking the following medication(s) and directions for taking this medication, including dosage; frequency and storage are as follows: _____

My son/daughter is allergic to the following: _____

My son's/daughter's immunizations are current and up to date - Yes: No:

My son/daughter has the following limitations: _____

My son/daughter experiences homesickness, emotional reactions to new situations, sleepwalking, fainting, bed-wetting, etc. Yes: No: Please explain if you answered, "Yes." _____

My son/daughter has special needs, which are: _____

Signature

Parent or Guardian

Date

Requested information on both sides of this form MUST be filled in completely in order for the student to participate in this event.