



Youth Medical Information and Parental/Guardian Consent Form/Liability Waiver

1. Participant Name

Participant's First Name _____ Participant's Last Name _____ Birthdate (mm/dd/yyyy) _____

2. Parent/Guardian Information

Parent/Guardian First Name _____ Parent/Guardian Last Name _____

Home Address _____ City _____ State _____ Zip Code _____

Primary Phone _____ Alternative Phone _____ Email _____

3. Youth Minister Information (if applicable)

Youth Minister First Name _____ Youth Minister Last Name _____ Youth Minister Cell # _____

4. Permission to Participate

I, _____ grant permission for my child, _____
(Parent/Guardian's name) (Child's name)

to participate in this diocesan/parish/school/ministry event that requires transportation to a location away from the parish/school/ministry site. This activity will take place under the guidance and direction of parish/school/ministry employees and/or volunteers from _____.
(Name of Parish/School/Ministry)

A brief description of the activity follows:

Type of event:

Date of event:

Location of event:

Individual in charge of group:

Estimated date and time of departure:

Estimated date and time of 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 minor ("participant").

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns to hold harmless and defend _____, its officers, directors employees and agents, and the Diocese of Spokane, its
(Parish/School/Ministry)

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/ministry, its officers, directors and agents, and the Diocese of Spokane, its 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/ministry or the Diocese of Spokane.

Signature

Date

5. Medical Treatment & Medications

5.1 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. In the event of an emergency or illness of my child, I hereby give permission to the supervisors of this event to take appropriate medical actions, including transporting my child to a hospital for emergency medical and/or surgical treatment, if needed. I wish to be advised immediately of such actions, and prior to any further treatment by the hospital or doctor. In the event of an emergency or illness, if you are unable to reach me at the above numbers, contact:

Emergency Contact Name

Emergency Phone

Relationship

Physician Name

Physician Phone

Family Health Plan Carrier

Policy #

Signature

Date

5.2 Is your child taking medication at present? No Yes

If yes, please read and sign the following statement:

I understand that 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:

Name of Medication	Dosage	Frequency of Dosage	Other Directions
_____	_____	_____	_____
_____	_____	_____	_____

Signature

Date

Choose and sign ONLY ONE of the following options:

5.3a 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

OR

5.3b I grant permission for non-prescription medication (i.e. non-aspirin products such as acetaminophen or ibuprofen, throat lozenges, cough syrup, etc.) to be given to my child, if deemed appropriate.

Signature

Date

Please answer each question below.

The parish/school/ministry will take reasonable care to see that the following information will be held in confidence.

- 5.4 Please describe any allergies your child has and their severity.
- | | <u>No</u> | <u>Yes</u> | <u>Allergen</u> | <u>Life-Threatening?</u> |
|---------|--------------------------|--------------------------|-----------------|--------------------------|
| Drugs | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> |
| Foods | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> |
| Plants | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> |
| Insects | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> |
- 5.5 Please list the date of your child's last tetanus/diphtheria immunization: _____
- 5.6 Does your child have a medically prescribed diet? No Yes
If yes, please describe:
- _____
- 5.7 Does your child have any physical limitations that would prevent him/her from participating in ordinary physical activities? No Yes
If yes, please describe:
- _____
- 5.8 Is your child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, or fainting? No Yes
If yes, please describe:
- _____
- 5.9 Has your child recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, etc.? No Yes
If yes, please list the date and the disease or condition:
- _____
- 5.10 Does your child have any other special medical conditions of which organizers should be aware? No Yes
If yes, please describe:
- _____

6. Photographs and Videos

I am aware that photographs or videotape of participants may be used in publications, websites, or other materials produced periodically by the Diocese of Spokane and/or local parishes. Participants would not be identified by name without specific written consent. I recognize that if I do not wish my child to be photographed or filmed, I will so notify the parish and/or the Diocese of Spokane in writing. I recognize that the Diocese of Spokane and/or local parishes have no control over the use of photographs or film taken by media that may be covering the event in which my child participates.

Signature: _____

Date: _____