

**PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER**  
**The Junior Gathering Group Form 2018-2019 School Year**

PARTICIPANT'S NAME: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ SEX: \_\_\_\_\_

PARENT/GUARDIAN'S NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME PHONE: (    ) \_\_\_\_\_ MOBILE PHONE: (    ) \_\_\_\_\_

I, \_\_\_\_\_, (parent/guardian) grant permission \_\_\_\_\_, (name of youth) to participate in this parish 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 parish employees from All Hallows and/or St Charles Borromeo Catholic Parishes. A brief description of the activity follows:

**Under the direction of The Gathering Staff, The Gathering plans on trips to the following events.**

**(Event, Place, Transportation, Date)**

**Rockin' Jump, San Diego, Parent Drop Off, October 26**

**Camp Oakbridge, Ramona, Car Pool, December 14-16**

**Jr High Youth Day at CCHS**

**Ultra Zone, San Diego, Parent Drop Off, December TBA**

**Family Fun Center, San Diego, Parent Drop Off, TBA**

**Bubble Soccer, Parent Drop Off, May 17th**

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 \_\_\_\_\_ (name of parish), the Diocese of San Diego, its employees and agents, chaperons, 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, its officers, directors and agents, and the Diocese of San Diego, its employees and agents and chaperons, 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 or the Diocese of San Diego.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PHOTO/VIDEO RELEASE** (mainly to be used on website, youth group social media, and flyers to promote the ministry)

I, \_\_\_\_\_ (parent/guardian) authorize the Saint Charles Youth Ministry, Catholic Diocese of San Diego, its representatives, or volunteers, to photograph or record on audio or video (tape or digital) my child \_\_\_\_\_ (name of youth) for purposes of furthering the mission of the Youth Ministry, in this specific case, the creation of publication materials for those who participate in the above checked activity. Photos, 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 St Charles' youth ministry 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 \_\_\_\_\_

**MEDICAL MATTERS:** I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for his/her health.

**EMERGENCY MEDICAL TREATMENT:** In the event of an emergency, I hereby grant permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment administered by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, please contact:

NAME & RELATIONSHIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAMILY DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

FAMILY HEALTH PLAN CARRIER: \_\_\_\_\_ POLICY NUMBER: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*Please Note:** Of the following statements pertaining to medical matters, sign **only** those that are applicable.

**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 the child takes such medications, including dosage and frequency of dosage is as follows:

\_\_\_\_\_

\*Signature \_\_\_\_\_ Date \_\_\_\_\_

**MEDICATIONS:** . (Please Sign **ONE** of the two following choices)

1) 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 \_\_\_\_\_

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

\*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:** \_\_\_\_\_