

Archdiocese of Galveston-Houston Office of Adolescent Catechesis and Evangelization

PARENTAL/GUARDIAN CONSENT FORM & LIABILITY WAIVER

Participant's Name _____ Date of Birth _____
Home Address _____ City/Zip Code _____
Parent(s)/Guardian(s) _____ Home Phone (____) _____
Alternate Phone Number: (____) _____ Cell Phone or Work
Parish or Catholic School _____ Grade _____ Age _____ Sex _____
Participant's Email Address _____

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 (event) **2019 Archdiocesan Junior High Youth Rally** to be held (date)
February 23, 2019(time) **10:30 a.m.—9:00 p.m.** at (location) **Sts. Simon & Jude Catholic Church, The Woodlands, Texas**

In consideration of my child's participation in this event, I agree on behalf of myself, my child named herein, and our heirs, successors, and assigns to indemnify, hold harmless and defend the Archdiocese of Galveston-Houston, the sponsoring parish, its pastor, youth ministry leader, principal, other agents, employees or other representatives associated with the event from any and all injuries, losses or claims arising out of my child's participation in the event.

In signing this form I certify that all information contained herein is true and accurate to the best of my knowledge.

Signature (Parent/Guardian) **Date**

YOUTH PARTICIPANT: In signing the line below I agree to abide by any/all policies and rules established for this event/activity (see Code of Conduct). Should I not be able to maintain the guidelines and expectations of the adults and my peers, I understand that there will be consequences for my actions, including being removed from the activity and being sent home at my parent's expense.

Signature (Youth Participant) **Date**

VIDEO/PHOTOGRAPHY CONSENT

As parent/guardian, I understand that promotional pictures and videos (individual and group) will be taken during this event. I give permission for my son's/daughter's picture to be used for promotional materials (newsletter, web page, calendars, power point, video etc.) in highlighting the event.

Signature (Parent/Guardian) **Date**

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 with your wishes:

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 further treatment by the hospital or doctor and I understand that all financial obligations are my responsibility.

In the event of an 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. I understand that Aspirin will not be given to my son/daughter. (Please initial)

Medical Conditions Information: (Archdiocesan 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 a 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 also be aware of these special medical conditions of my child (e.g. depression, anxiety, etc.): _____

Insurance Information: **No, I do not carry medical insurance at this time.**

Insurance Carrier: _____ Name of Insured: _____

Insurance Policy Number: _____

Father's Name: _____ Day Phone: _____

Mother's Name: _____ Day Phone: _____

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 fully understand the foregoing statements and sign this Parental/Guardian Medical Consent Waiver knowingly, freely, and willingly.

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 _____

Archdiocese of Galveston-Houston
Key Leader, Chaperone and Young Adult Assistant
Medical Release and Liability Form
Archdiocesan Junior High Youth Rally, February 23, 2019

I, _____, do hereby release, hold harmless and discharge the Archdiocese of Galveston-Houston, the parish, its staff and volunteers from any and all liability, claim, loss, damage, cost or expense arising from my participation in this event. I waive such claims against such organization or any such person, arising directly or indirectly from or attributable in any legal way, to any action or omission to act of any such organization or person in connection with execution of this event. I authorize treatment by a licensed medical physician or licensed medical team in case of any accident or illness that may so arise, or any hospitalization necessary.

Print Name _____ Date: _____

Address _____

City _____ Zip _____

Parish _____

Home Phone (____) _____ Work Phone (____) _____

Physician's Name _____ Phone (____) _____

(The following request is pertinent information if you're rendered unconscious)

Date of Birth (including year): _____ Age: _____

Date of last Tetanus shot: _____

Please list **ALL** medical conditions / allergies / special health information including bouts with depression and anxiety:

Please list **ANY** medications (prescription or non-prescription) you would like us to be aware of:

Do you have Medical Insurance: Yes No

If Yes, Please provide the following information: Insurance Company: _____

Policy in the name of: _____ Policy Number: _____

Name of Emergency Contact: _____ Phone Number: (____) _____

In the event the participant does not have insurance, payment in full for medical care becomes the responsibility of the patient.

X _____
Signature

In signing the line above I agree to abide by any/all policies and rules established for this event/activity (see Code of Conduct). Should I not be able to maintain the guidelines and expectations of the adult chaperones/young adult assistants, I understand that there will be consequences for my actions, which could include being asked to leave the event.