

HOLY ROSARY PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participant's Name: _____
Birth Date: _____ Sex: _____ Parent/Guardian's Name: _____
Home Address: _____

Home Phone: _____ Daytime Phone: _____ Cell Phone _____

I, _____, grant permission for my child, _____, to participate
(Parent or Guardian's name) (Child's Name)

in the **Confirmation Retreat at St. Mary of the Lakes**. This activity will take place under the guidance and direction of parish staff and volunteers from **Holy Rosary** in the Diocese of Crookston. A brief description follows:

Type of event: **Confirmation Retreat**

Location of event: **St. Mary of the Lake, 20996 County Highway 20, Detroit Lakes, MN 56501**

Dates of Event: **Sunday, October 7, 2018**

Time of Event: **1:00-8:00 p.m.**

As a parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor (participant). I agree on the behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the parish of **Holy Rosary Catholic Church**, its officers, directors and agents, chaperones, or representatives associated with the event, arising from or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish of **Holy Rosary Catholic Church** and its offices, directors and agents, chaperones or representatives associated with the event for reasonable attorney fees and expenses arising in connection therewith.

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 the health of my child.

(Of the following statements pertaining to medical matters, sign only those applicable.)

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 treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name & Relationship: _____

Phone: _____ Alternate phone: _____

Family Doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy #: _____

Signature: _____ Date: _____

(Over for more)

Other Medical Treatment:

In the event it comes to the attention of the parish of Holy Rosary, its officers, directors and agents, chaperones, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reversed to myself):

Signature: _____ **Date:** _____

Medications:

My child is taking medication at present. 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:

Signature: _____ **Date:** _____

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:** _____

I hereby grant permission for non-prescription medication (such as ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: _____ **Date:** _____

Special Medical Information:

The parish of **Holy Rosary** 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? _____

Has your child recently been exposed to any contagious disease or conditions, such as mumps, measles, chicken pox, etc? Yes No

If yes, date and disease or condition: _____

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

