DIOCESE OF CROOKSTON – YOUTH RALLY 2014

PARENTAL/GUARDIAN CONSENT FORM and LIABILITY WAIVER

Participant's name:_____

Birth date:_____ Sex:_____ Parent/Guardian's name:_____

Home address:_____

Home phone:_____ Daytime phone:_____

I,_____, grant permission for my child,_____,
(Parent or guardians name) (child's name)

to participate in this diocesan 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 diocesan employees and volunteers from the parishes in the Diocese of Crookston. A brief description follows:

Type of event:	**Diocesan High School Youth Rally 2014**
Location of event:	**Greenbush Middle River School**
Individual(s) in charge:	**Diocesan Coordinator of Catechesis & Youth Ministry & Greenbush Youth Minister**
Date of event:	**Thursday, October 16, 2014**

Mode of transportation from parish: _____

Permission to publish photos: Yes / No (e.g. Diocesan website, Diocesan newspaper, parish website)

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 behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Diocese of Crookston, its officers, directors and agents, chaperones, or representatives associated with the event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the Diocese of Crookston, its officers, directors and agents, chaperons or representatives associated with the event for reasonable attorney's 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 that are 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, contact:
Name & Relationship:_____

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 Diocese of Crookston, 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 would like to be contacted:
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 aspirin, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.
Signature:_____ **Date**:_____

Special Medical Information:

The Diocese of Crookston 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 child recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, etc.? If so, date and disease or condition:_____

_____

_____

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

_____

_____

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_____

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