

PARENTAL/GUARDIAN CONSENT FORM & LIABILITY WAIVER
Office of Youth Ministry | Diocese of Jefferson City

Youth Participant's Name: _____ **Date of Birth:** _____
Address _____ **City/State/Zip** _____
Home Phone: _____ **Male Female (please circle)**
Parent/Guardian's Name: _____ **Cell Phone:** _____ **Work Phone:** _____
Other number where Parent/Guardian can be reached during event: _____
Emergency Contact Name: _____ **Phone:** _____
Parish: _____ **Email:** _____

CONSENT & LIABILITY WAIVER

Important! To be filled out by the Parent/Guardian for youth under 18 years of age and individuals age 18 or older who are in high school. Individuals age 18 or older and still in high school must also complete and submit an ADULT MEDICAL RELEASE AND LIABILITY WAIVER as well.

I, as parent or guardian of my child, do hereby agree to allow my child to participate in the event/activity:

Event & Location: _____

Date & Time: _____

Method of Transportation: _____

I acknowledge receipt of the attached information sheet describing the planned event/activity.

I acknowledge that _____ is providing transportation to and from the event/activity. I acknowledge and assume the risk of this transportation for my child. My child must comply with the Parish's rules and procedures. In consideration of the Parish allowing my child to participate in the event/activity, I also waive any claims against, and **RELEASE AND HOLD HARMLESS AND INDEMNIFY**, the Diocese of Jefferson City, the Parish and any of its and/or their religious, employees, volunteers, agents and representatives from any liability, claims, demands and causes of action and claims arising out of or relating to any loss, damage or injury sustained in connection with or arising out of my child's participation in the event/activity, including transporting my child to and from the event/activity.

Parent/Guardian Signature

Date

YOUTH PARTICIPANT: In signing the line below I agree to abide by any/all policies established for this event/activity. 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/guardian's expense.

Youth Participant's Signature

Date

VIDEO/PHOTOGRAPHY CONSENT

I understand and consent that photographs/video recordings/audio recordings of my child may be taken, produced and may be used in publications, websites or other materials produced from time to time by the Office of Youth and Young Adult Ministry, the Diocese of Jefferson City and parishes of the Diocese of Jefferson City (collectively "Diocese"). I also understand that my child will not be identified, without specific written consent. In consideration of the Parish allowing my child to participate in the event/activity, I grant to the Diocese the right to publish, reproduce and display photographic images/video recordings/audio recordings of my child for use in all media, electronic or otherwise, in connection with publications, web pages and/or social media of the Diocese. I hereby authorize the reproduction, sale, lease, copyright, exhibition, broadcast and/or any distribution of said photographs/video recordings/audio recordings without limitation for any purpose whatsoever; and I further waive all rights to any compensation for my child's appearance or participation in the photographs/video recordings/audio recordings. I hereby expressly assign to the Diocese, all the rights, title and interest in, and to all photographs/video recordings/audio recordings made by such in which my child appears and/or his/her voice is used in and in connection with the video recording of this event. I understand and acknowledge that the Diocese has no control over the use of photographs/video recordings/audio recordings taken by media that may be covering the event in which my child participates.

Parent/Guardian Signature

Date

MEDICAL INFORMATION

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.

Emergency Medical Treatment

In the event of an emergency, I hereby give permission to transport my child to a hospital/clinic for emergency medical or surgical treatment. **I understand and acknowledge that I am responsible for payment in full of any medical care or associated services provided to my child.** To assist with possible coordination of care, my child's doctor's information is provided below:

Family Doctor _____

Phone _____

Medications

_____ I hereby **Grant Permission** for my child to be given the following provided medications. My child will bring all such medications, well labeled. [NOTE: Any/all prescription medications must be in original pharmacy container with young person's name on the prescription label. Non-prescription/over-the-counter medications must be in original container with young person's name on the container.] *(Please initial)*

Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency are as follows:

Medication: _____ Dosage: _____ Administer: _____

Medication: _____ Dosage: _____ Administer: _____

Medication: _____ Dosage: _____ Administer: _____

Medication: _____ Dosage: _____ Administer: _____

Medication: _____ Dosage: _____ Administer: _____

Medical Conditions Information: (Diocesan personnel will take reasonable care to see that the following information will be held in confidence.)

My child:

- Is allergic to the following medications _____
- Has had an episode of the following or has been diagnosed with: Seizures Asthma Diabetic
- Has had 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 (*please explain*) _____
- Has 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: _____

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

Parent/Guardian Signature (*must sign for any participant under 18 and/or 18 or older & in high school*)

Date