



Name of Event: _____

Participant's Name: _____ Date of Birth: _____ Male Female
Parent/Guardian's Name: _____
Home Address: _____ City: _____ ST: CO ZIP: _____
Home/Cell Ph: _____ Emergency Contact: _____ Emergency Ph: _____

I, _____ grant permission for my child _____
Parent or Guardian Name Child's Name
to participate in this parish/school event that requires transportation to a location away from the
parish/school site. This activity will take place under the guidance and direction of parish/school
employees and/or volunteers from _____.
Name of parish/school

A brief description of the activity follows:

Type of event: _____
Date(s) of event: _____ Destination of Event: _____
Individual in charge: _____
Estimated time of departure and return: _____
Mode of transportation to and from event: _____

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 _____, it's officers, directors, employees, and agents and the
Name of Parish/School

Diocese of Pueblo, its employees and agents, chaperones, 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 Pueblo** its employees and agents and chaperones, 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 Pueblo**.

Signature: _____ Date: _____

(over)

PHOTOGRAPH AND VIDEO CONSENT FORM

From time to time, pictures and videos may be taken of your ministry events and gatherings. We would like to be able to use the photographs and videos for flyers, parish and diocesan publications, and the ministry website. Written consent of both the student and parent/guardian is required. Names will not be posted unless written authorization is given by the student and parent/guardian, and then only first names will be used. If there are concerns about pictures or videos posted on the website, please contact the ministry coordinator or webmaster, and they will promptly be removed.

I / We, the parent(s) / guardian(s) of this youth (*name*) _____, authorize and give full consent, without limitation or reservation to (*parish/school*) _____, to publish any photograph or video in which the above named student appears while participating in any program associated with (*parish/school*) _____ ministry. There will be no compensation for use of any photograph or video at the time of publication or in the future.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian 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 further 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: _____

Family Doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy #: _____

Signature: _____ Date: _____

Other Medical Treatment: In the event it comes to the attention of the parish/school, its officers, directors and agents, and the Arch/Diocese of _____, 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 as soon as it is reasonably possible.

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 (i.e. non-aspirin products such as acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: _____ Date: _____

(over)

Specific Medical Information: The parish/school 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? _____

Does child have 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, chicken pox, etc.? If so, list date and disease or condition: _____

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

