

**DIOCESE OF SPRINGFIELD-CAPE GIRARDEAU – OFFICE OF YOUTH FORMATION**

**Consent Form, Liability Waiver & Multi-Media Release**

(The parish and diocese will take responsible care to see that the following information will be held in confidence.)

Parish Name \_\_\_\_\_ Parish City \_\_\_\_\_

Participant First Name \_\_\_\_\_ Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Participant's Address: \_\_\_\_\_

Participant's Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

City, State Zip \_\_\_\_\_ Participant Cell Phone # \_\_\_\_\_

Mother/Guardian's First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father/Guardian's First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Family Health Plan Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_

Attendee is taking medication at present: YES \_\_\_\_\_ NO \_\_\_\_\_

Medication \_\_\_\_\_

Dosage \_\_\_\_\_ Frequency \_\_\_\_\_

Medication \_\_\_\_\_

Dosage \_\_\_\_\_ Frequency \_\_\_\_\_

**Specific Medical Information:**

Date of last tetanus immunization \_\_\_\_\_

\*Allergic reactions (medicines, food, plants, insects, etc.) \_\_\_\_\_

\*Does the child have a medically prescribed diet? \_\_\_\_\_

\*Any physical limitations? \_\_\_\_\_

\*Has child been recently exposed to any contagious diseases or condition? If yes, date and disease condition: \_\_\_\_\_

\*You should be aware of these special medical conditions of my/our child \_\_\_\_\_

**\*\*Of the following statements pertaining to medical matters, sign ONLY that which applies:**

**No medication of any type, whether prescription or non-prescription, may be administered to my/our child unless the situation is life threatening and emergency treatment is required.**

Parent/Guardian Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

**OR**

I/we hereby **grant permission for non-prescription medication** (such as Tylenol, throat lozenges, cough syrup) to be given to my/our child, if deemed advisable.

Parent/Guardian Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

**Please complete both sides of this form.**

I/we, \_\_\_\_\_ parent(s)/guardian(s) of above named participant, grant permission for my/our child to participate in (event/activity) \_\_\_\_\_ on the dates of \_\_\_\_\_ . This activity will take place under the guidance and direction of parish employees and/or volunteers. As parent(s)/guardian, I/we remain legally responsible for any personal actions taken by the above named minor ("participant").

\*In the event of an emergency, I/we hereby give permission to transport my/our child to a hospital for treatment by the hospital or doctor. I wish to be advised prior to any further treatment by the hospital or doctor. I/we further give my/our permission for health officials to release medical information on my/our son/daughter to the diocesan group leader, if applicable.

\*Further, I/we give my/our permission for photographs/video of my/our child to be used for parish or diocesan communications and promotional programs. I understand that any photographs/videos will be used only in a legal manner and that at no time will my child or I be depicted in any unethical manner.

\*I/We understand the **parish will provide** transportation to the event. My/our son/daughter has permission to ride in a car with a volunteer driver designated by the parish. I/We understand that no one under the age of 21 will be allowed to serve as a driver.

\*I/we agree, on behalf of myself/ourselves, my/our child named herein, my/our and my/our child's heirs, successors and assigns, to hold harmless and defend \_\_\_\_\_ parish and the Diocese of Springfield-Cape Girardeau, their officers, directors, employees, volunteers, agents, chaperons, and representatives associated with the event, from any claim arising from or in connection with my/our child attending the event, from any claim arising from or in connection with any illness or injury (including death) or in connection with the cost of medical treatment as a result of an illness or injury, even if the cause of damages or injury is alleged to be the fault of or caused by the negligence of the parish or the Diocese of Springfield-Cape Girardeau, their officers, directors, employees and agents, chaperons, and representatives associated with the event. I agree to compensate the parish or Diocese, their officers, directors, employees, agents and chaperones or representatives associated with the event for reasonable attorney's fees and expenses which they may incur in any action brought against them as a result of such injury or damage, unless such a claim arises from the negligence of the parish or Diocese.

**I/we warrant that the information herein (on both pages of this waiver) is correct to the best of my/our knowledge. I/we fully understand and sign this Parental/Guardian Consent Form and Liability Waiver knowingly, freely and willingly. (Your signature(s) required.)**

Parent(s)/Guardian(s) signature(s) \_\_\_\_\_

Date: \_\_\_\_\_

**Code of Behavior**

I, (name of participant) \_\_\_\_\_, hereby agree to abide by the expected Code of Behavior required of me when present at this event. I will cooperate fully with any chaperones or leaders of this event and obey local laws and ordinances, in addition to any special rules given to me. I will not bring nor consume any tobacco products, alcohol, or illegal substances. I understand that failure to comply with this Code may result in me having to leave the program.

Youth Participant signature \_\_\_\_\_ Date \_\_\_\_\_

I/we agree that my/our child shall abide by all rules and regulations as established by the parish and/or diocesan staff for this event. I/we agree that if my/our child fails to abide by the code of behavior my/our child may be sent home immediately at my/our expense.

Parent(s)/Guardian(s) signature(s) \_\_\_\_\_

Date: \_\_\_\_\_

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**Please complete both sides of this form.**  
*When making copies, please copy front to back (one piece of paper per person)*