

## PARENTAL/GUARDIAN CONSENT FORM & LIABILITY WAIVER

Participant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_ City/Zip Code \_\_\_\_\_

T-Shirt Size(circle one) **XS S M L XL XXL** Additional shirts: \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_ Sex \_\_\_\_\_

Participant's Cell Phone (\_\_\_\_) \_\_\_\_\_ Participant's Email Address \_\_\_\_\_

Mother/Guardian Email Address \_\_\_\_\_

Father/Guardian Email Address \_\_\_\_\_

Mother/Guardian Cell Phone (\_\_\_\_) \_\_\_\_\_ Father/Guardian Cell Phone (\_\_\_\_) \_\_\_\_\_

### CONSENT & LIABILITY WAIVER

**Important! To be filled out by the Parent/Guardian for youth under 18 years of age.  
If participant is 18 years of age or older, consent must be signed by the individual.**

I (name of parent/guardian) \_\_\_\_\_, grant permission for my child, (participant's name), \_\_\_\_\_ to participate in **St. Theresa String Camp at St. Theresa Catholic Church on July 2-3, 5-6, 2018.**

I agree on behalf of myself, my child's other parent if known or living (name of parent), \_\_\_\_\_, my child named herein, or our heirs, successors, and assigns and defend the Archdiocese of Galveston-Houston, the sponsoring parish/school (its pastor, youth ministry leader, principal, other agents, etc.) or any representatives associated with the scheduled activity unless the parties involved were careless and negligent.

*In signing this form I certify that all information contained herein is true and accurate to the best of my knowledge.*

\_\_\_\_\_  
**Signature (Parent/Guardian)**

\_\_\_\_\_  
**Date**

**YOUTH PARTICIPANT:** In signing the line below I agree to abide by any/all policies and rules 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's expense.

\_\_\_\_\_  
**Signature (Youth Participant)**

\_\_\_\_\_  
**Date**

### VIDEO/PHOTOGRAPHY CONSENT

As parent/guardian, I understand that promotional pictures and videos (individual and group) will be taken during this event. I give permission for my son's/daughter's picture to be used for promotional materials (newsletter, web page, calendars, power point, video etc.) in highlighting the event.

\_\_\_\_\_  
**Signature (Parent/Guardian)**

\_\_\_\_\_  
**Date**

#### NOTICE

Payment is refunded in full with at least 21 days advance notice of cancellation.  
No refund for cancellations with less than 21 days notice. A no-show will be charged the full amount.

# MEDICAL CONSENT

## 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. Of the following statements pertaining to medical matters, sign only those in accordance with your wishes:

### 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 and you are unable to reach me, contact:

Name & Relationship (must NOT be a parent) \_\_\_\_\_ Phone \_\_\_\_\_

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

### Medications

My child will bring all such medications, **well labeled & in original bottle(s)**, that are necessary. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency are as follows:

My child is taking the following medication at the present time.

Medication(s): \_\_\_\_\_ Dosage: \_\_\_\_\_

Administer: \_\_\_\_\_

### (Initial one of the Following, you either DO or DO NOT grant permission)

\_\_\_\_\_ I **Grant Permission** for nonprescription medication (such as Tylenol, throat lozenges, cough syrup) to be given to my child, if deemed advisable. I understand that Aspirin will not be given to my son/daughter. (Please initial)

**OR**

\_\_\_\_\_ I **Do Not Grant Permission** for medication of any type, whether prescription or nonprescription may be administered by my child unless the situation is life threatening and emergency treatment is required. (Please initial)

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

My son/daughter has:

§ Has had an episode the following or has been diagnosed:  Seizures  Asthma  Diabetic

§ 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? \_\_\_\_\_

§ 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 (e.g. depression, anxiety, etc.): \_\_\_\_\_

**Insurance Information:**  No, I do not carry medical insurance at this time.

Insurance Carrier: \_\_\_\_\_ Name of Insured: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

In the event it comes to the attention of the chaperones associated with the activity that my child becomes ill with repeated symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called immediately. If this will be a long distance call, I want to be called collect (with phone charges reversed to myself). I fully understand the foregoing statements and sign this Parental/Guardian Medical Consent Waiver knowingly, freely, and willingly.

\_\_\_\_\_  
**Signature (Parent/Guardian)** Parent/Guardian must sign for anyone under 18 years of age. **Date** \_\_\_\_\_

\_\_\_\_\_  
**Signature** (Participant 18 years of age or older must sign own consent) **Date** \_\_\_\_\_