

Parish/Entity Name: \_\_\_\_\_

## PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participant's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: M F

Parent/Guardian Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

I, \_\_\_\_\_ grant permission for my child, \_\_\_\_\_  
(parent name) (child name)

To participate in the event listed below, which requires transportation to a location away from the above-named parish/diocesan site. **EVENT DESCRIPTION** (name/type, date, location, person in charge, logistics, etc.)

As the 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, or our heirs, successors and assigns, to hold harmless and defend the above-named parish, its officers, directors, employees and agents and the Diocese of Bismarck, its employees, 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/diocese.

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

### CELL PHONE USAGE

Cell phone communication is an important part of ministry communications. Please fill out cell phone numbers to use for text messages below:

Youth cell number: \_\_\_\_\_ Parent Cell number: \_\_\_\_\_

- I allow my youth to receive text messages from the group leader/chaperones about and during the event
- I want to be copied on ALL youth ministry texts
- I do not give permission for cell phone communication

### PHOTO/VIDEO CONSENT

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

### MEDICAL INFORMATION

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. **YES NO**

I grant permission for non-prescription medication to be given to my child, if deemed appropriate (non-aspirin products such acetaminophen, ibuprofen, throat lozenges, cough syrup). **YES NO**

List of Allergies: \_\_\_\_\_ List of Dietary Restrictions: \_\_\_\_\_

**My child is currently taking the following medications** (provide name and dosage information). My child will bring all such medications necessary and they will be well-labeled.

**In case of emergency, if you cannot reach the above-named parent/guardian, please contact:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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