

PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Please Complete Both Sides

Participant's name: _____

Birth date: _____ Gender: _____

Parent/Guardian's name: _____

Home address: _____

Home phone: _____ Cell phone: _____

I, _____ grant permission for my child, _____
Parent or guardian's name Child's name

to participate in this parish event that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of parish employees and/or volunteers from the Church of the Resurrection.

A brief description of the activity follows:

Type of event: _____ Confirmation Retreat

Date of event: _____ January 6, 2018

Destination of event: _____ Ironwood Springs Christian Ranch, Stewartville

Individual in charge: _____ Rosemary Byrne, Faith Formation Director and Youth Minister

Estimated time of departure and return: _____ 10:30am – 5:00pm

Mode of transportation to and from event: _____ parents are responsible for transportation

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 the Church of the Resurrection, its officers, directors, employees and agents, and the Diocese of Winona, its employees and agents, chaperons, 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, its officers, directors and agents, and the Diocese of Winona, its employees and agents and chaperons, 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: _____

EMERGENCY MEDICAL TREATMENT:

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency treatment. I wish to be advised prior to any treatment by the hospital or doctor.

Parent (s) Name: _____ Child Name: _____ Age: _____

In the event of an emergency, and you are unable to reach me, please contact:

First Contact: _____ Phone: _____

Relationship: _____

In the event of an emergency, and you are unable to reach me, please contact:

Second Contact: _____ Phone: _____

Relationship: _____

GENERAL MEDICAL INFORMATION:

Family Physician: _____ Phone: _____

Family Health Plan Carrier: _____

Policy #: _____

Specific Allergic Reactions (medications, foods, plants, insects, etc...):

Date of Last Tetanus: _____

Any special medical conditions we should be aware of (chronic illnesses, physical limitations, medically prescribed diet, recently exposed to contagious diseases such as mumps, measles, chicken pox, etc.):

Medications (current or ongoing*):

*For day-long or overnight activities, please label your child's medication and include concise directions for amount and frequency of dosage. Then insure that this medication is turned in to the activity coordinator.

Please sign below:

Signature: _____ Date: _____