

# PARENTAL/GUARDIAN CONSENT & MEDICAL FORM & LIABILITY WAIVER

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

Parent/Guardian's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_, City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: ( ) \_\_\_\_\_ Business phone: ( ) \_\_\_\_\_

**Important! To be filled out by the Parent/Guardian for youth under 18 years of age.**  
I, [Name of parent or guardian] \_\_\_\_\_, grant permission for my child {name of youth} \_\_\_\_\_, to participate in the **St. Francis of Assisi LIFE TEEN Ministries** at **all activities & locations** on **the day that they occur**. I agree on behalf of myself, my child's other parent if known or living \_\_\_\_\_, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Diocese of Green Bay, St. Francis of Assisi Catholic Church, chaperones, representatives or providers associated with the activity, with respect to any and all actions, claims or demands that may be made or brought against the Diocese of Green Bay, St. Francis of Assisi Catholic Church, chaperones, representatives or providers associated with the activity, arising from or in connection therewith, and I agree to compensate the Diocese of Green Bay, St. Francis of Assisi Catholic Church, chaperones, representatives associated with the scheduled event unless the parties involved were careless and/or negligent.

**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 in accordance with my 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, if you are unable to reach me at the above numbers, contact:

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

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

Family Health Ins. Company: \_\_\_\_\_ Policy # \_\_\_\_\_

1. SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**OTHER MEDICAL TREATMENT:** (Please Check and Initial the appropriate space)  
In the event it comes to the attention of the Diocese of Green Bay, St. Francis of Assisi Catholic Church, chaperones, or representatives associates with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called.

2. SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

My child is currently taking medication, listed below. 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:

3. SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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

4. SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

I hereby grant permission for nonprescription medication (such as aspirin, throat lozenges, cough syrup) to be given to my child, if deemed advisable.

5. SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Special Medical Information:** Reasonable care will be taken to see that this information is kept confidential.

Allergic reactions (medicines, foods, plants, insects, etc.): \_\_\_\_\_

Immunizations: Date of last Tetanus/Diphtheria immunization: \_\_\_\_\_

Does child have a medically prescribed diet? \_\_\_\_\_ Nature of the diet? \_\_\_\_\_

Is the child subject to chronic homesickness, emotional reaction to new situations, sleepwalking, bedwetting, fainting? \_\_\_\_\_

Has the child recently exposed to contagious disease or condition, such as mumps, measles, chickenpox, etc.? \_\_\_\_\_

Any physical limitations? \_\_\_\_\_ Medication child currently takes: \_\_\_\_\_

Please note any medical conditions your child may have on the reverse side of this form.

I fully understand the forgoing statements and sign this Parental/Guardian Consent Form and Liability Waiver knowingly, freely and willingly. **Parent/Guardian must sign for anyone under 18 years of age. Any participant over 18 years of age must complete and sign this form.**

6. SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## Photography Consent

As parent/guardian, I understand that promotional pictures (individual and group) will be taken during the events/programs. I give permission for my son/daughter's picture to be used for promotional materials ( news letter, webpage, calendars, power point, etc.) in highlighting the events/programs.

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

\_\_\_\_\_  
Date

**Diocese of Green Bay &  
St. Francis of Assisi Parish Community  
LIFE TEEN Ministries  
1121 N.14<sup>th</sup> St. Manitowoc, WI 54220 920-684-3718**