

PARENTAL/GUARDIAN PERMISSION AND LIABILITY WAIVER

Child's Name: _____

Birth Date: _____ Sex: _____

Parent/Guardian's Name: _____

Home Address: _____ Zip: _____

Home Phone: () _____ Business Phone: () _____

Event: A brief description of the Event is as follows: _____

Parish/School/Group: _____

Date(s) of Event: _____

On Site Telephone Number for Emergencies: _____

Destination: _____

Individual in Charge: _____

Estimated Time of Departure and Return: _____

Mode of Transportation to and from Event: _____

I, the undersigned parent or legal guardian of the child named above, do hereby grant permission and consent for said child to participate in the Event named above, which includes without limitation, the necessary transportation to and from the Event.

I further consent to the use, reproduction, editing, publication and/or broadcast by the Parish/School/Group named above and/or the Archdiocese of San Antonio, of any and all photographs, video recordings and audio recordings of my child taken at the Event, without compensation to me or my child. All negatives, prints, and recorded images shall constitute the property of the Archdiocese of San Antonio.

The Event will take place under the guidance and direction of employees and/or volunteers from the Parish/School/Group named above. However, as parent or legal guardian, I remain legally responsible for any actions taken by said child and will assume the expense of any property damage caused by my child.

I DO HEREBY AGREE TO RELEASE, DISCHARGE, ACQUIT, HOLD HARMLESS AND INDEMNIFY THE PARISH/SCHOOL/GROUP NAMED ABOVE, THE ARCHDIOCESE OF SAN ANTONIO, AND THEIR CLERGY, EMPLOYEES, VOLUNTEERS, AGENTS AND REPRESENTATIVES, FROM ANY AND ALL CLAIMS, SUITS, LIABILITY, DEMANDS OR CAUSES OF ACTION, INCLUDING, WITHOUT LIMITATION THOSE INVOLVING PERSONAL INJURY, DEATH, OR PROPERTY DAMAGE, THAT MAY ARISE FROM OR IN CONNECTION WITH MY CHILD PARTICIPATING IN THE EVENT NAMED ABOVE. IN EXECUTING THIS RELEASE, I AM EXPRESSLY BINDING MYSELF, MY HEIRS, EXECUTORS, ADMINISTRATORS AND ASSIGNS BY THE TERMS OF THIS RELEASE FOR ANY CLAIM OR CAUSE OF ACTION OF ANY KIND THAT MAY ARISE AS RESULT OF MY CHILD PARTICIPATING IN THE EVENT, WHETHER OR NOT CAUSED BY A NEGLIGENT, GROSSLY NEGLIGENT, OR RECKLESS ACT OF THE PARISH/SCHOOL/GROUP NAMED ABOVE, THE ARCHDIOCESE OF SAN ANTONIO, THEIR CLERGY, EMPLOYEES, VOLUNTEERS, AGENTS AND/OR REPRESENTATIVES.

Signature *Date*

MEDICAL CONSENT AND PERMISSION TO TREAT

Event: _____ **Date(s) of Event:** _____

Child's Name: _____

Birth Date: _____ **Sex:** _____

Parent/Guardian's Name: _____

Home Address: _____ **Zip:** _____

Home Phone: () _____ **Business Phone:** () _____

Cell Phone: () _____

Alternate Contact:

Name: _____ **Relationship:** _____

Home Phone: () _____ **Business Phone:** () _____

Cell Phone: () _____

(Please include a photocopy of your Insurance Card, front and back)

Insurance Carrier: _____ **Policy Number:** _____

My child is taking medication and will bring all medication with him/her and it will be clearly labeled. ____ Yes ____ No

My child is taking the following medication(s) and directions for taking this medication, including dosage, frequency and storage are as follows:

Name of medication(s) _____ **Directions** _____

I hereby grant permission for non-prescription medication (such as cough drops, cough syrup, Tylenol, etc.) to be given to my child if necessary. ____ Yes ____ No

My child is allergic to the following: _____

My child's immunizations are current and up to date. ____ Yes ____ No.

My child has the following limitations: _____

My child experiences homesickness, emotional reactions to new situations, sleepwalking, fainting, bedwetting, etc.

____ Yes ____ No. Please explain: _____

IF MY CHILD REQUIRES EMERGENCY MEDICAL OR DENTAL ATTENTION WHILE ATTENDING THE EVENT, I UNDERSTAND THAT AN ADULT SPONSOR OF THE EVENT WILL ATTEMPT TO CONTACT ME. IN THE EVENT THAT I CANNOT BE CONTACTED, I CONSENT TO ANY EMERGENCY MEDICAL ATTENTION DEEMED APPROPRIATE BY AN ADULT SPONSOR OF THE EVENT. IN THE EVENT THAT TREATMENT IS CALLED FOR, WHICH THE MEDICAL PROVIDER REFUSES TO ADMINISTER WITHOUT MY CONSENT, I HEREBY AUTHORIZE AN ADULT SPONSOR OF THE EVENT TO GIVE SUCH CONSENT FOR ME IF I CANNOT BE CONTACTED IMMEDIATELY OR, BECAUSE OF AN EMERGENCY, THERE IS NO TIME OR OPPORTUNITY TO MAKE CONTACT. IN THE EVENT THAT IT IS NECESSARY FOR THAT PERSON TO GIVE CONSENT, I AGREE TO HOLD SUCH PERSON FREE AND HARMLESS OF ANY LIABILITY FOR DAMAGES ARISING FROM GIVING SUCH CONSENT.

Signature

Date

REPORT OF ILLNESS OR INJURY

Name of Participant: _____

Parish/School/Group: _____

Activity/Event: _____

Date of Activity/Event: _____

Location of Activity/Event: _____

Type of Illness or Injury: _____

Please detail circumstances of the injury or illness: (Who, What, Where, When, How)

Action Taken: _____

By Whom Was the Action Taken: _____

Was a parent/guardian notified? (If yes, give particulars of time, date, and content of notification.)

Yes

No

Name of person making this report: (Please Print) _____

Position: _____

Signature

Date