

# St Mary of Sorrows Youth Ministry

(For Participation in Youth Ministry 2012-2013 Mtgs/Events/Trips)

## Parental/Guardian Consent Form and Liability Waiver

Participant's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Current Age: \_\_\_\_\_ School: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Home Street, city, zip code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parents' Email: \_\_\_\_\_

### **EMERGENCY CONTACT:**

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

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I, (name(s) of parent or guardian) \_\_\_\_\_, hereby waive and release The Diocese of Arlington, Virginia and any and all of its departments and offices, St. Mary of Sorrows Roman Catholic Church, St. Mary of Sorrows Roman Catholic Church's Youth Ministry, ("Releasees"), and any and all of the Releasees' directors, officers, employees, servants, agents, representatives, and volunteers, of any and all claims of any nature whatsoever, which I may have now or in the future, arising out of, related to, or connected in any way with my child's participation in the PROGRAM. This waiver and release pertains to, but is not limited to, claims arising out of injuries my child may incur while participating in the PROGRAM or traveling to and from participation in the PROGRAM. As a parent/guardian, I understand it is my responsibility to pick up my child at the predetermined time. I also understand that if my child becomes ill or destructive, the EMERGENCY CONTACT listed above will be called to take my child home if I cannot be contacted. ***Unless otherwise noted, I give permission for my pictures of my child to be used on the youth ministry website for promotional purposes.***

**Emergency Medical Treatment:** In the event of an emergency, I hereby give permission to St. Mary of Sorrows Youth Ministry, its directors and agents, coordinators, representatives, volunteers and employees, and chaperones and representatives associated with the PROGRAM 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 the above EMERGENCY CONTACT.

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

Family Health Plan Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

I hereby waive and release any and all rights and claims for damages which I may have against The Diocese of Arlington, St. Mary of Sorrows Roman Catholic Church, St. Mary of Sorrows Youth Ministry and all of their directors, coordinators, agents, servants, employees, volunteers, for any and all injuries which I may incur while taking part in the PROGRAM. This release also encompasses any and all injuries which may be sustained while traveling to and from participation in the PROGRAM. I understand it is my parent/guardian's responsibility to pick me up at the predetermined time. I understand that if I become ill or destructive, my parent/guardian listed above or the EMERGENCY CONTACT will be called to take me home.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

**MEDICAL INFORMATION**  
**(MUST BE FULLY COMPLETED)**

**MEDICATIONS:** PLEASE LIST ANY PERSCRIPTION OR DOCTOR PRESCRIBED OVER THE COUNTER MEDICATIONS YOUR CHILD IS USING:

Drug Name: \_\_\_\_\_ Dosage \_\_\_\_ per \_\_\_\_\_

Drug Name: \_\_\_\_\_ Dosage \_\_\_\_ per \_\_\_\_\_

**ALLERGIES:**

Environmental (i.e. pollen, dust) \_\_\_\_\_

Medications \_\_\_\_\_

Food \_\_\_\_\_

DOES YOUR CHILD HAVE AN EPI-PEN? \_\_\_\_\_

Do they know how to administer it to themselves? \_\_\_\_\_

**HISTORY:**

Medical History (be specific) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mental Health Information (be specific) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(ALL INFORMATION IS KEPT CONFIDENTIAL)