



**Diocese of Laredo
Office of Youth Ministry**

PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participant's Name: _____ **Birth Date:** _____ **Shirt Size** _____

Parish: _____ **Grade:** _____ **Age:** _____ **Sex:** _____

Address: _____ **City:** _____ **Zip:** _____

Parent/Guardian: _____ **Home Phone:** (____) _____

Consent & Liability Waiver

I, (Parent/Guardian) _____, grant permission for my child, (Participant's Name) _____, to participate in World Youth Day 2008 in Sydney, Australia to be held July 8th to July 22nd, 2008.

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the DIOCESE OF LAREDO, the sponsoring parish (it's pastor, youth minister, and other agents, etc.) or any representatives associated with the scheduled activity or in connection with any illness or injury (including death) or youth minister, and other agents, etc., or any representatives associated with the event for reasonable attorney's fees and expenses which they may incur in any action brought against them as a result of such injury or damage.

Signature (Parent/Guardian)

Date

Signature (Participant 18 years of age)

Date

Photography Consent

As parent/guardian, I understand that promotional pictures (individual and group) will be taken during this event. I give permission for my son/daughter's picture to be used for promotional materials (newsletter, newspaper, media, etc.) in highlighting the event.

Signature (Parent/Guardian)

Date

MEDICAL CONSENT

Medical Matters

I hereby warrant 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 your wishes:

Emergency Medical Treatment

In the event of any 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 and you are unable to reach me, contact:

Name & Relationship _____ Phone: (____) _____

Family Doctor _____ Phone: (____) _____

Medications

My child will bring all such medications, well labeled, that are necessary. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency are as follows:

My child is taking the following medication at the present time.

Medication(s): _____ Dosage: _____

Administer: _____

Medication(s): _____ Dosage: _____

Administer: _____

(If more medications is need please provide on another page.)

_____: I hereby **Do Not Grant Permission** for medication of any type, whether prescription or nonprescription may be administered to by child unless the situation is life threatening and emergency treatment is required. (Please initial)

_____: I hereby **Grant Permission** for nonprescription medication (such as Tylenol, throat lozenges, cough syrup) to be given to my child, if deemed advisable. I understand that Aspirin will not be given to my son/daughter. (Please initial)

Medical Conditions Information

(Diocesan personnel will take reasonable care to see that the following information will be held in confidence.)

My son/daughter:

Has had an episode the following or has been diagnosed: Seizures Asthma Diabetic

Allergic reactions to the following (foods, dyes, latex etc)

Has had a medical surgery within the last six months? Yes No Still under doctor's care? Yes No

Has a medically prescribed diet? _____

The following physical limitations: _____

Immunizations current and up to date: Yes No Date of last tetanus/diphtheria immunization _____

You should also be aware of these special medical conditions of my child: _____

Insurance Information

(Pleas attach a copy of the Insurance Card, front and back, with this form)

Insurance Carrier: _____

Name of Insured: _____

Insurance ID Number: _____ Insurance Policy Number: _____

Father's Name: _____ Birth Date: _____

Place of Employment: _____ Phone Number: (____) _____

Mother's Name: _____ Birth Date: _____

Place of Employment: _____ Phone Number: (____) _____

No, I do not carry medical insurance at this time.

In the event it comes to the attention of the chaperones associated with the activity that my child becomes ill with repeated symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called immediately. If this will be a long distance call, I want to be called collect (with phone charges reversed to myself).

I fully understand the foregoing statements and sign this Parental/Guardian Medical Consent Waiver knowingly, freely, and willingly.

Signature (Parent/Guardian) must sign for anyone under 18 years of age.

Date

Signature (Participant)

Date