

# Parent/Guardian Permission and Liability Waiver

**Event Information:**

Description: \_\_\_\_\_

Date(s): \_\_\_\_\_

Arrival/Departure Time(s): \_\_\_\_\_

Individual in Charge: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Transportation Information:**

Destination: \_\_\_\_\_

Mode of Transportation: \_\_\_\_\_

**Participant Information:**

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

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

**Parent/Guardian Information:**

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

Full Address: \_\_\_\_\_

Home Phone #: ( ) \_\_\_\_\_ Alternate Phone #: ( ) \_\_\_\_\_

Email Address \_\_\_\_\_

**Adult Shirt Size:** \_\_\_\_\_ S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ 2X \_\_\_\_\_ 3X**Permission to Participate:**I, \_\_\_\_\_, grant permission for my son/daughter, \_\_\_\_\_  
*Parent or Guardian's Name* *Child's Name*to participate in this parish youth ministry 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 **St. Gregory the Great Catholic Church, Bluffton, SC.****Hold Harmless Agreement:**

As parent/legal guardian, I remain legally responsible for any personal actions taken by my son/daughter named above.

I agree on behalf of myself, my son/daughter named herein, our heirs, successors, and assigns to hold harmless and defend **St. Gregory the Great Catholic Church, Bluffton, SC** its officers, directors, agents, and the Diocese of Charleston from any liability for illness, injury or death arising from or in connection with my son's/daughter's attending the above named activity/event.**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_**Permission To Be Photographed:**I give my permission for my child, \_\_\_\_\_, to be photographed at this event  
*Child's Name*

and understand that the photographs may be used for publicity, etc. \_\_\_ Yes \_\_\_ No

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_**Side A****\*PLEASE COMPLETE OTHER SIDE\***

## MEDICAL CONSENT AND PERMISSION TO TREAT

### Release of Information:

To the best of my knowledge, my child, \_\_\_\_\_ is in good health, and I  
*Child's Name*

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

I hereby grant medical personnel permission to release medical information to the Diocesan Director and/or my parish youth minister in the event that my youth becomes ill or injured.



*Signature of Parent/Guardian:* \_\_\_\_\_ *Date:* \_\_\_\_\_

### Insurance Information:

Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**PLEASE PROVIDE A COPY (front & back) OF THE CURRENT MEDICAL INSURANCE CARD**

### Emergency Contact Information:

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

Full Address: \_\_\_\_\_

Home Phone #: ( ) \_\_\_\_\_ Alternate Phone#: ( ) \_\_\_\_\_

If you are unable to reach me, please contact:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to me or my son/daughter: \_\_\_\_\_

### Medical History:

My son/daughter is under the care of a medical provider. \_\_\_\_\_ Yes \_\_\_\_\_ No

Provider Name: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

My son/daughter is taking medication and will bring all medication with him/her and it will be clearly labeled. My son/daughter is taking the following medication(s) and directions for taking this medication, including dosage, frequency and storage are as follows: \_\_\_\_\_

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 son/daughter is allergic to the following: \_\_\_\_\_

My son/daughter's immunizations are current and up to date \_\_\_\_\_ Yes \_\_\_\_\_ No

My son/daughter has the following limitations: \_\_\_\_\_

My son/daughter experiences homesickness, emotional reactions to new situations, sleepwalking, fainting, bedwetting, etc. \_\_\_\_\_ Yes \_\_\_\_\_ No

Please explain: \_\_\_\_\_



*Signature of Parent/Guardian:* \_\_\_\_\_ *Date:* \_\_\_\_\_

**Side B**