

**PARENTAL/GUARDIAN PERMISSION AND LIABILITY WAIVER**

Participant's Name: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_  
Parent/Guardian's Name \_\_\_\_\_  
Home Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Business Phone: (\_\_\_\_\_) \_\_\_\_\_

I, \_\_\_\_\_, grant permission for my son/daughter \_\_\_\_\_  
Parent or Guardian's NameChild'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. John the Beloved Catholic Church.

A brief description of the activity/event follows:

Date(s) of Event:  
Type of Event:  
Emergency Telephone Number:  
Destination:  
Individual In Charge:  
Estimated Time of Departure and Return:  
Mode of Transportation to and from Event:

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

*(Here you may wish to add a section which parent and youth sign agreeing/covenanting to keep the basic rules of each event and the consequences of not going so: e.g., no alcohol, controlled substances, inappropriate behavior, etc.; Parents called, etc.)*

I agree on behalf of myself, my son/daughter named herein, our heirs, successors, and assigns to hold harmless and defend St. John the Beloved Catholic Church, 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 event, and I agree to compensate the parish, its officers, directors and agents, and the Diocese of Charleston, or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**MEDICAL CONSENT AND PERMISSION TO TREAT**

To the best of my knowledge, my child, \_\_\_\_\_ is in good health, and I 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.

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

Home Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_\_

If you are unable to reach me; please contact:

Name: \_\_\_\_\_

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_\_

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

My son/daughter is under the care of a psychiatric/psychologist.

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

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

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.

I understand that aspirin will not be given to my son/daughter without my express permission: I grant such permission \_\_\_\_\_ 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; bed wetting; etc. \_\_\_\_\_ Yes, \_\_\_\_\_ No.

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

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_