

PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

PARTICIPANT'S NAME: _____ Gender: _____

BIRTH DATE: _____ T-Shirt Size: _____

PARENT/GUARDIAN'S NAME: _____

HOME ADDRESS: _____

HOME PHONE: _____ STREET _____ CITY _____ ZIP _____
GRADE JUST COMPLETED: _____

MOTHER'S (GUARDIAN) NAME: _____ WORK PHONE: _____

FATHER'S (GUARDIAN) NAME: _____ WORK PHONE: _____

EMERGENCY CONTACT PERSON: _____ PHONE: _____

RELATIONSHIP TO PARTICIPANT: _____

I, (name of parent or guardian) _____, grant permission for my child

(name of child) _____ to participate in

St. Peter's Youth Ministry Outing to Diocese of Lafayette's Pro-Life Rally and March, January 20th. Bus will depart at 9 am and will return at approximately 2 pm. Return time will depend on exact time of march ending and on traffic. Parents will be called or texted when we leave Lafayette.

MEDICAL MATTERS:

I hereby warrant that 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.**

MEDICATIONS: My child is taking medication at present. My child will bring all such medications necessary, and such medications will be Well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage are as follows: _____

Signature: _____ Date: _____

CHOOSE THIS → No medication of any type whether prescription or nonprescription may be administered to my child unless the situation is life-threatening and emergency treatment is required.

OR Signature: _____ Date: _____

THIS → I hereby grant permission for nonprescription medication (such as aspirin, throat lozenges, cough syrup) to be given to my child, if deemed advisable.

◆ You should also be aware of these special medical conditions of my child or any additional information we should know about your child: _____

Signature: _____ Date: _____

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Name/Date/Location of Event: **St. Peter's Youth Ministry Outing**
Date and Time: 1/20/2018 - 9 am to 2 pm
Location: Lafayette, ULL to St. John's Cathedral to ULL

Mode of Transportation : **Bus - Tommy Pollard, Sr.**

I, (Name of Parent or Guardian) _____ grant permission for my child _____ to participant in **St. Peter's Youth Ministry Outing** and all the events surrounding the activities, including the travel to and from **Lafayette, LA**. I agree on behalf of myself, my child's other parent if known or living, (Name of parent) _____ my child herein named, or our heirs, successors, and assigns, to hold harmless and defend the organizers of the event, Diocese of Lafayette, its Bishop and their successors, and **St. Peter's Church**, chaperons, or representatives associated with the Diocese of Lafayette with respect to any and all actions, claims, or demands that may be made or brought against them, arising from or in connection with any injury or illness arising from attendance at or traveling to or from the events.

I (we) authorize an adult in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act, on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician, or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to the authorization.

Should it be necessary for our (my) child to return home due to medical reasons or for infractions of the conduct codes, the undersigned shall assume all transportation responsibilities.

Father (Guardian)

Date

Mother (Guardian)

Date