Catholic Mutual. . . "CARES"

ATHLETIC & SPORTING EVENTS

PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participant's name: _____

Birth date: _____ Sex: _____

Parent/Guardian's name: _____

Home address: _____

Home phone : _____ Business phone: _____

I,_____ , grant permission for my child,_____ ,
Parent or guardian's name *Child's name*

to participate in this parish activity that may require 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 ***Epiphany Church & School***

A brief description of the activity follows:

Type of event: _____

Location(s): _____

Individual in charge: _____

Duration of activity: _____

Mode of transportation to and from event: _____

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend Epiphany Church & School, its officers, directors and agents, and the Archdiocese of Saint Paul & Minneapolis, coaches, chaperons, or representatives associated with the event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate ***Epiphany Church & School,*** the parish, its officers, directors and agents, and the Archdiocese of Saint Paul & Minneapolis , coaches, chaperons, or representatives associated with the activity for reasonable attorney's fees and expenses arising in connection therewith.

Signature: _____ Date: _____

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 that are applicable*.)

Emergency Medical Treatment: In the event of an 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, if you are unable to reach me at the above numbers, contact:

Name & relationship: _____ Phone:_____

Family doctor: _____ Phone:_____

Family Health Plan Carrier: _____ Policy #:_____

Signature: _____ Date:_____

Other Medical Treatment: In the event it comes to the attention of ***Epiphany***, its officers, directors and agents, and the Archdiocese of Saint Paul & Minneapolis, coaches, chaperons, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reversed to myself).

Signature: _____ Date: _____

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: _____

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

Signature: _____ Date: _____

I hereby grant permission for **non-prescription medication** (such as non-aspirin products, i.e. acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: _____ Date: _____

Specific Medical Information: The parish will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.): _____

Immunizations: Date of last tetanus/diphtheria immunization:_____

Does child have a medically prescribed diet? _____

Any physical limitations? _____

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc.? If so, date and disease or condition:_____ You should be aware of these special medical conditions of my child:

_____

_____

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