



Parental Guradain Consent Form
and Libiality Waiver

Steubenville San Diego 2019

Participant's name: _____
 Birth date: _____ Sex: _____
 Parent/Guardian's name: _____
 Home address: _____
 Home phone: (____) _____ - _____ Bus. _____ - _____ Cell _____ - _____

I, _____, grant permission for my child, _____
 (Parent or guardian's name) (Child's Name)
 to participate in this parish event that requires transportation to a location away from the parish site. This activity will take place under guidance and direction of parish employees and/or volunteers from ST. JAMES CATHOLIC COMMUNITY
 (Name of parish or other group)

A brief description of the activity follows:

Type of event/activity: Steubenville Conference
 Destination of event: University of San Diego, 5998 Alcalá Park, San Diego, CA 92110
 Individual in charge: Evangely Aliangan Ward
 Estimated time of departure: Friday, July 26, 2019 - 3 pm USD
 Estimated time of return: Sunday July 28, 2019 - 1 pm USD
 Mode of transportation to and from event: Drop off at event site

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, employees and agents, and assigns, to hold harmless and defend, ST. JAMES CATHOLIC COMMUNITY, its officers, directors, and the Diocese of San Diego, its employees and agents, chaperons, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith. I agree to compensate the parish, its officers, directors and agents, and the Diocese of San Diego, its employees and agents and chaperones, or representatives associated with the event for reasonable attorney's fees and expenses which may be incurred in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/diocese.

Signature: _____ Date: _____

T-shirt size of youth attending: S M L XL

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

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 will 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 Number: _____
Signature: _____ Date: _____

OTHER MEDICAL TREATMENT: In the event it comes to the attention of the parish, the Diocese of San Diego, its officers, directors, agents, volunteers, chaperones, and representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever or diarrhea, I want to be contacted.

Signature: _____ Date: _____

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

Signature: _____ Date: _____

MEDICATIONS: CHOOSE ONE OF THE BELOW LISTINGS: (A OR B)

A) 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.

A) Signature: _____ Date: _____

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

B) 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? _____

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting? _____

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, H1N1, etc.? If so, date and disease or condition: _____

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

PHOTO/VIDEO RELEASE

I, _____ authorize the Office for Youth Ministry (OYM) of the Catholic

Name of Parent or Guardian

Diocese of San Diego, its representatives, or volunteers, to photograph or record on audio or video (tape or digital) _____ for purposes of furthering

Child's Name

the mission of the OYM, in this specific case, the creation of publication materials for adults who participate in _____. Photos, audio, or video may be used in

Event and Date

printed materials and any other visual display or media. I understand that such photos and/or video recordings will be used for OYM related purposes and will not be used for any commercial purpose whatsoever. I therefore hereby waive any kind and all rights I may have for remuneration of any kind that could otherwise accrue for the uses of such photos and/or audio or video recordings.

Signature: _____ Date: _____