



Name of Event: \_\_\_\_\_

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male Female  
Parent/Guardian's Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: CO ZIP: \_\_\_\_\_  
Home/Cell Ph: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_ Emergency Ph: \_\_\_\_\_

I, \_\_\_\_\_ grant permission for my child \_\_\_\_\_  
Parent or Guardian Name Child's Name  
to participate in this parish/school event that requires transportation to a location away from the  
parish/school site. This activity will take place under the guidance and direction of parish/school  
employees and/or volunteers from \_\_\_\_\_.  
Name of parish/school

A brief description of the activity follows:

Type of event: \_\_\_\_\_  
Date(s) of event: \_\_\_\_\_ Destination of Event: \_\_\_\_\_  
Individual in charge: \_\_\_\_\_  
Estimated time of departure and return: \_\_\_\_\_  
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 \_\_\_\_\_, it's officers, directors, employees, and agents and the  
Name of Parish/School

**Diocese of Pueblo**, its employees and agents, chaperones, 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 and I agree to compensate the parish/school, its officers, directors and agents, and the **Diocese of Pueblo** its employees and agents and chaperones, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/school or the **Diocese of Pueblo**.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(over)

## PHOTOGRAPH AND VIDEO CONSENT FORM

From time to time, pictures and videos may be taken of your ministry events and gatherings. We would like to be able to use the photographs and videos for flyers, parish and diocesan publications, and the ministry website. Written consent of both the student and parent/guardian is required. Names will not be posted unless written authorization is given by the student and parent/guardian, and then only first names will be used. If there are concerns about pictures or videos posted on the website, please contact the ministry coordinator or webmaster, and they will promptly be removed.

I / We, the parent(s) / guardian(s) of this youth (*name*) \_\_\_\_\_, authorize and give full consent, without limitation or reservation to (*parish/school*) \_\_\_\_\_, to publish any photograph or video in which the above named student appears while participating in any program associated with (*parish/school*) \_\_\_\_\_ ministry. There will be no compensation for use of any photograph or video at the time of publication or in the future.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Parent/Guardian 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 the parish/school, its officers, directors and agents, and the Arch/Diocese of \_\_\_\_\_, chaperones, 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 as soon as it is reasonably possible.

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 (i.e. non-aspirin products such as acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(over)**

**Specific Medical Information:** The parish/school 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? \_\_\_\_\_

\_\_\_\_\_

Does child have 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, chicken pox, etc.? If so, list date and disease or condition: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_