

PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER
Guardian Angels Catholic Church | Faith Formation & Youth Ministry

Child's Legal Name _____

Date of Birth _____ Male _____ Female _____

Parent/Guardian Name _____

Home Address _____

Contact Phone _____

I, _____ (Name of Parent or Guardian) , grant permission for my child _____ (child's name) to participate in this parish event. This activity will take place under the guidance and direction of parish employees and / or volunteers from **Guardian Angels Catholic Church**.

A brief description of the activity follows:

Type of Event: RE. Faith Formation 2022-2023
Date of Event: July 1, 2022- August 31, 2023
Destination of Event: Guardian Angels Parish
Individual in Charge: Tammy Mansir and Coordinator of Youth Ministry
Mode of Transportation To and From Event: Family

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named Child. I agree on behalf of myself, my Child named herein, as well as our respective heirs, successors, and assigns, to hold harmless and defend **Guardian Angels Catholic Church**, and The Roman Catholic Bishop of San Diego, a corporation sole ("Diocese of San Diego"), and their respective clergy, officers, directors, employees, agents, volunteers, chaperones and representatives associated with the event, from any claim arising from or in connection with any illness or injury (including death) suffered by the above-named Child related to the above-referenced event, including the cost of medical treatment in connection therewith, and I agree to compensate the Parish, the Diocese of San Diego, and their respective clergy, officers, directors, employees, agents, volunteers, chaperones and representatives associated with the event for reasonable attorney fees and expenses which may incur in an action brought against them as a result of such injury or damage, unless such claim arises from the negligence or willful misconduct of the Parish or Diocese of San Diego.

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 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 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 throat lozenges, cough syrup, ibuprofen, etc.) 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.

1. Allergic reactions (medications, foods, plants, insects, etc.) _____
2. Immunizations: Date of last tetanus/diphtheria immunization _____
3. Does the child have a medically prescribed diet? _____
4. Any physical limitations? _____
5. Is the child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting? _____

6. Has the 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, _____ (Name of Parent or Guardian), authorize **Guardian Angels Catholic Church** of the Diocese of San Diego, its representatives, or volunteers, to photograph or record on audio or video (tape or digital or online meeting platform) _____ (child's name) for purposes of furthering the mission of Guardian Angels Catholic Church, in this case, the creation of publication materials for participants in **Faith Formation at GA 2022-2023**. Photos, audio, or video may be used in printed materials and any other visual display or media. I understand that such photos and/or video recordings will be used for Guardian Angels Catholic Church 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:** _____