

PARENTAL / GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participant's Name _____

Date of Birth _____ Male ___ Female ___

Parent / Guardian Name _____

Home Address _____

Contact Phone _____

I, _____, grant permission for my child, _____

Name of parent or guardian

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 Our Lady of Light _____.

Name of Parish

A brief description of the activity follows:

Type of event: _____

Date 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 _____, its officers, directors,

Name of Parish

Employees and agents, and the Diocese of San Diego, its employees and agents, chaperones or representatives associated with the event, from any claim arising from 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, its officers, directors and agents, and the Diocese of San Diego, 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/diocese.

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.

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: _____

Name & relationship: _____

Phone: _____

Medications:

Is your child currently taking any medication(s)? Yes ___ No ___

If "yes," please list medication(s) and reason for taking medication(s).

Is your child allergic to any medication(s)? Yes ___ No ___

If "yes," please list medication(s).

Does your child have any special medical condition(s); (i.e., allergies, physical limitations, anxiety, fainting, or any condition you would like us to be aware of? Yes ___ No ___

If "yes," please explain.

Signature of parent or guardian

Date