# *Diocese of Reno*

Office of Youth Ministry
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## PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participant's Name: _____
Birth date: _____ Sex: _____
Parent/Guardian's Name: _____
Home Address: _____
Home Phone: _____ Business Phone: _____

I, we,_____, grant permission for my/our child,_____
Parent or guardian's name Child's Name
to participate in this parish youth ministry event that requires 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 _____. A brief
Name of Parish
description of the activity follows:

Type 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/we remain legally responsible for any personal actions taken by the above named minor ("Participant").

I, /we agree on behalf of myself, my child herein, or our heirs, successors, and assigns, to release and waive any and all claims for damages which I/we or our child may have so as to release and discharge in advance those parties hereinafter named and further agree to indemnify, hold harmless and defend _____, the ROMAN
Name of Parish
CATHOLIC BISHOP OF RENO, a corporation commonly referred to as DIOCESE OF RENO, its officers, directors and agents, volunteers and the chaperons, and/or representatives from any and all liability 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/we further agree to compensate the parish and the Diocese its officers, directors, agents, volunteers, chaperons, and/or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

**THIS RELEASE MUST BE SIGNED BY BOTH PARENTS** if only one parent signs this document that parent represents and warrants to the Diocese that he/she is the sole custodial parent of the student participant with sole authority to sign this waiver and release form.

_____ _____
Signature of Father Signature of Mother

_____ _____

Date Date

_____

Signature of Student Participant

I have read and/or discussed with my parents this Waiver and Release form concerning participation in the event. I understand it and agree that the Waiver and Release shall apply to me also.

**MEDICAL MATTERS:** I/we hereby warrant that to the best of my/our knowledge, my/our child is in good health, and I/we assume all responsibility for the health of my/our 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 Heath Plan Carrier:_____ Policy #: _____

Signature: _____ Date: _____

**Medications:** My child is taking medication at present. My child will bring all such medication 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: (or see attached form / or reverse)

_____

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**. Only sign if you DO NOT want medication given.**

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, bed-wetting, fainting? _____

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:

_____

# Diocese of Reno
# Office of Youth Ministry
# Parental Permission

I hereby, consent to _____ to be given the following medications in the circumstances detailed below.

| Name of Medications | Dose | Circumstances |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

I agree that in the event my child should need any of the medications needed above, I give my permission to _____ and/or _____ to administer only the medication as detailed above.

_____
(Date)

_____
(Signature of Parent or Guardian)