



Archdiocese of Seattle

Parent/Guardian Consent Form and Liability Waiver

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

e-mail: \_\_\_\_\_

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

A brief description of the activity follows:

Type of event: \_\_\_\_\_

Location of event: \_\_\_\_\_

Individual(s) in charge: \_\_\_\_\_

Date and time of departure: \_\_\_\_\_ Return: \_\_\_\_\_

Mode of transportation to and from event: \_\_\_\_\_

Cost: \_\_\_\_\_

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 (Organization) \_\_\_\_\_, its officers, directors and agents, and the Corporation of the Catholic Archbishop of Seattle, chaperones, or representatives associated with the event, from any and all actions, claims, demands, damages, costs, expenses and all consequential damage 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 agree to compensate the organization, its officers, directors and agents, and the Corporation of the Catholic Archbishop of Seattle, chaperones, or representatives associated with the event for reasonable attorney's fees and expenses arising therewith.

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

Participant's Name: \_\_\_\_\_

**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 and you are unable to reach me at the above numbers, contact:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Family doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Health Plan Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

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

**Other Medical Treatment:**

In the event it comes to the attention of the organization, its officers, directors and agents and the Seattle Archdiocese, chaperones, or representatives associated with the event that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reversed to myself).

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

**Medications:**

My child is taking medication at present. My child will bring all such medications necessary in well-labeled containers, and deliver them to the chaperone in charge. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage are as follows:

\_\_\_\_\_

Parent/Guardian 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.**

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

**I hereby grant permission for non-prescription medication such as acetaminophen, throat lozenges, cough syrup, to be given to my child, if deemed appropriate.**

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

Participant's Name: \_\_\_\_\_

**Specific Medical Information:** *(The organization 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, etc.? \_\_\_\_\_

If so, date and disease or condition: \_\_\_\_\_

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

**Photograph and Video Consent:**

From time to time, pictures and video may be taken of youth ministry/parish/school events and gatherings. We would like to be able to use these photographs and videos for flyers, parish and diocesan publications, and the ministry website. Written consent of both the student and the 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 organization or webmaster, and they will promptly be removed.

I, the parent/guardian of this youth \_\_\_\_\_ (name) authorize and give full consent, without limitation or reservation, to \_\_\_\_\_ (organization) to publish any photograph or video in which the above named student appears while participating in any program associated with \_\_\_\_\_ (organization). 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: \_\_\_\_\_