



Parental/Guardian Consent & Liability Waiver

1450 South Melrose Drive
Oceanside, CA 92056

Participant's Name: _____ Birth Date: _____

Participant's Email Address: _____ Cell Phone: _____

Gender: M F Parent/Guardian's Name: _____

Parent/Guardian's Email Address: _____

Home Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Grade: _____ Home Phone: _____ Cell Phone: _____

I, the above named parent or guardian, grant permission for the above named child, 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 & direction of parish employees and/or volunteers from St. Thomas More Parish.

A brief description of the activity follows:

Type of Event or Activity: _____ **Date:** _____

Destination of Event or Activity: _____

Individual in Charge of & Responsible: _____

Mode of Transportation to & from Event: _____

Arrival Time: _____

Conclusion Time: _____

As parent, and/or legal guardian, I remain legally responsible for any personal actions taken by the above named young person ("participant"). I agree on behalf of myself, my child's other parent if known or living (name of parent) _____, my child named herein, or our heirs, successors, and assigns, to hold harmless & defend St. Thomas More Parish, its officers, directors and agents, & the Diocese of San Diego, chaperons, or representatives associated with the event with respect to any and all actions, claims or demands that may be made or brought against the parish, its officers, directors and agents, and the Diocese of San Diego, chaperons, representatives associated with the event, arising from or in connection with my child's 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 parish, its attorney's fees and expenses arising in connection therewith.

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 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 Number: _____

1) Signature: _____

Date: _____

Other Medical Treatment: In the event it comes to the attention of the parish, its officers, directors and agents, and the Diocese of San Diego, chaperons, 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 collect (with phone charged reversed to myself)

2) Signature: _____

Date: _____

Medication: 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 are as follows:

3) Signature: _____

Date: _____

MEDICATIONS: CHOOSE ONE OF THE BELOW LISTING: (A or B)

A) No medication of any type whether prescription or nonprescription 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 Tylenol, throat lozenges, cough syrup) to be given to my child, if deemed advisable.

B) 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, fainting, etc.? _____

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

PHOTO/VIDEO RELEASE

I, _____ (parent/guardian) authorize St. Thomas More (STM) and/or Office for Youth Ministry (OYM) of the Catholic Diocese of San Diego, its representatives, or volunteers, to photograph or record on audio or video (tape or digital) _____ (name of youth) for purposes of furthering the mission of STM and/or the OYM. 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 STM and/or OYM 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: _____

I can drive to the event listed. _____

Besides myself, I can fit _____ people in my vehicle.

I cannot drive for this particular event, but please let me know and I can drive at another date. _____