

Youth Medical Information and Parental/Guardian Consent Form/Liability Waiver

Participant's first name: _____ Last name: _____
Date of birth: _____
Parent/Guardian's first name: _____ Last name: _____
Home address: _____
Home phone number: _____
Parent/Guardian cell phone number: _____
Youth minister's first name: LISA Last name: GIFFORD
Youth minister's cell phone number: 208-520-1028

I, _____ (parent/guardian's name) grant permission for my child, _____ (child's name) to participate in this diocesan/parish/school event that requires transportation to a location away from the parish/school site. This activity will take place under the guidance and direction of parish/school employees and/or volunteers from ST EDWARD THE CONFESSOR.
A brief description of the activity follows:

Type of event: Idaho Catholic Youth Conference

Date of event: March 8-10, 2019

Destination of event: Ford Idaho Center Sports Center, Nampa, ID

Individual in charge of group: LISA GIFFORD

Estimated date and time of departure: MARCH 8, 2019 3:30

Estimated date and time of return: MARCH 10, 2019 5:30

Mode of transportation to and from event: CHARTER BUS

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 ST EDWARD THE CONFESSOR (name of parish/school), its officers, directors employees and agents, and the Diocese of Boise, its employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my child attending the event 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/school, its officers, directors and agents, and the Diocese of Boise, its 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/school or the Diocese of Boise.

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 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: _____

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Family doctor: _____ Phone: _____
Family Health Plan Carrier: _____ Policy #: _____
Signature: _____ Date: _____

Other Medical Treatment: In the event it comes to the attention of the parish/school, its officers, directors and agents, and the Diocese of Boise, chaperones, 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 charges reversed to myself).

Signature: _____ Date: _____

Medications: 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 and frequency of dosage are as follows: _____

Signature: _____ Date: _____

I grant permission for non-prescription medication (i.e. non-aspirin products such as acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: _____ Date: _____

ONLY SIGN THIS SECTION IF YOU DO NOT WANT ANY MEDICATIONS GIVEN TO YOUR CHILD EXCEPT IN LIFE-THREATENING/EMERGENCY SITUATIONS

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.

Signature: _____ Date: _____

Specific Medical Information: The parish/school 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 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, chicken pox, etc.? If so, list date and disease or condition: _____

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

Photographs and videos: Parents/guardians of participants are advised that photographs or videotape of participants may be used in publications, websites or other materials produced periodically by the Diocese of Boise or local parishes. (Participants would not be identified without specific written consent. Parents/guardians who do not wish their child(ren) to be photographed or filmed should so notify the parish/Diocese of Boise in writing. Please note that the Diocese of Boise has no control over the use of photographs or film taken by media that may be covering the event in which your child(ren) participate.