

## Parental/Guardian Consent and Liability Wavier

Participant's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex: M F

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

I, \_\_\_\_\_, grant permission for my child, \_\_\_\_\_, to participate in events  
(Parent/Guardian Name) (Minor Name)

sponsored by St. Columbkille Catholic Church. Activities will take place under the guidance and direction of employees and volunteers of St. Columbkille Church. A brief description of the event follows:

**Name of Event:** On-Campus Events

**Location:** St. Columbkille Church Campus

**Contact Person:** Nicole Cook (339-0990)

As parent and/or 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 heirs, successors, and assigns, to hold harmless and defend St. Columbkille Church, its officers, directors and agents, and the Archdiocese of Omaha, chaperons, or representatives associated with the event 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 parish/school, its officers, directors and agents, and the Archdiocese of Omaha, chaperons, or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

Pictures of my child taken during events may be used in print or electronic media for the purposes of publicity for future events, unless I indicate to the Director of Youth Ministry in writing to the contrary.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Medical Release

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

Name & Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

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

**Other Medical Treatment:** In the event it comes to the attention of St. Columbkille parish/school, its officers, directors and agents, and the Archdiocese of Omaha, 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.

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

**Medication:** My child is taking medication at present. My child will bring all such necessary medications, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medication, including dosage and frequency of dosage, are as follows: \_\_\_\_\_

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

**Specific Medical Information:** The parish/school/Archdiocese will take reasonable care to see that the following information is held in confidence.

Medical Conditions: \_\_\_\_\_

Allergic reactions (medications, foods, plants, insects, etc.): \_\_\_\_\_

Any physical limitations? \_\_\_\_\_