Catholic Diocese of Sioux Falls

YOUTH MINISTRY: Over Night Event

PARENT/GUARDIAN CONSENT FORM & LIABILITY WAIVER

PARISH/SCHOOL: Holy Spirit Parish **CITY**: Sioux Falls

Activity : High School Lock-In **Type of Event**: High School

Dates of Event: April 19th 2024 **Time of Departure**: 8:00 pm **Time of Return**: 7:00 AM

Location of Event: Holy Spirit Parish **Mode of Transportation To/From Event**: _____

Group Leader for Event: Sean Hansen **Mobile Number**: 605 521 2556

Participant's Name: _____

Date of Birth: _____ **Sex**: Male _____ Female _____

Parent/Guardian Name: _____

Home Address: _____

Home Phone: _____ **Alternative Phone**: _____

I, _____ (Parent/ Guardian) grant permission for my child, _____ (Participants' Name) to participate in the parish event detailed above that requires transportation away from the parish site. This activity will take place under the guidance and direction of parish employees and/or volunteers from the parish listed above. 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 the parish/school listed above, its officers, directors, employees and agents, and the Catholic Diocese of Sioux Falls, its employees and agents, chaperons, or representatives associated with the event, from any claim arising from or in connection with my child's participation or attendance at 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 Catholic Diocese of Sioux Falls, its employees and agents and chaperons, or representatives 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/diocese.

I hereby give permission for images of my child, captured during the above named event, through video, photo and digital camera, to be used solely for the purposes of promotional material and publications within the parish/school and/or the Catholic Diocese of Sioux Falls, and waive any rights of compensation or ownership thereto.

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. 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 numbers at the above numbers, contact:

Emergency Contact Name: _____

Relationship to Participant: _____ **Phone:** _____

Family Doctor: _____ **Phone:** _____

Health Plan Carrier: _____ **Policy #:** _____

Specific Medical Information:

Allergies (medication, foods, plants, insects, etc.): _____

Current Medications: _____

Other Special Medical Conditions: _____

Of the following statements pertaining to medical matters, initial only those that are applicable.

Other Medical Treatment:

Parent Initial	
_____	In the event it comes to the attention of the parish, its officers, directors and agents and the Catholic Diocese of Sioux Falls, chaperones, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I understand that I will be contacted

Medications:

Parent Initial	
_____	My child is taking medication at present. My child will bring all such medications necessary, and such medications will be in their original container. Names of medications and concise directions for seeing that the child takes the medications, including dosages and frequency of dosage are as follows: _____
_____	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.
_____	I hereby grant permission for non-prescription medication (i.e. non-aspirin products such as aceta-minophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Specific Medical Information:

The parish/school will take reasonable care to see that the following information will be held in confidence.

Allergic Reactions (medication, foods, plants, insects, etc.): _____

Date of last tetanus/diphtheria immunization: _____

Medically Prescribed Diet: _____

Physical Limitations: _____

Is the child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, faint-ing? _____

_____

Has the child recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, etc? If so, list the date and disease or condition: _____

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

_____

Parent/Guardian Signature: _____ **Date:** _____