Parental/Guardian Consent Form and Liability Waiver

Description of Activity or Event: "Marycrest Youth Day 2027"
Date: August 7, 2027
Location: Marycrest Convent, Monroe, NY 10950
Individuals in Charge:
From the Parish/School:

_____

From the Event: *Parish Visitors of Mary Immaculate*
Mode of Transportation to/from Parish/School to Marycrest Convent Monroe, NY:_____
Estimated time of Departure from Parish/School: _____
Estimated time of Departure from Marycrest Convent Monroe, NY _____

Youth Participant Information

Participant's name: _____ Sex: _____
Birth date: _____ Age: ____ Year of HS Graduation: _____ T-shirt size: ____ (adult sizes)
Adult Chaperone: _____

Parent/Guardian's name(s): _____
Home address: _____
Home Phone: ( )_____ Work Phone: ( ) _____
Mobile Phone(s): ( ) _____ ( ) _____
Parent email: _____

I, _____ grant permission for my child, _____ to participate in this event that requires transportation to a location away from the parish/school site. This activity will take place under the guidance and direction of the *Parish Visitors of Mary Immaculate* and parish employees and/or volunteers from _____.
Name of Parish/School/Group

____INITIAL HERE if you <u>DO NOT</u> wish for your child to be photographed or recorded on video during the course of this event for their image to be used in either print, electronic, or video form for promoting youth ministry or the mission of the *Parish Visitors of Mary Immaculate*.

Hold Harmless Agreement

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 _____, its
Name of Parish/School/Group
officers, directors, employees and agents, and the *Parish Visitors of Mary Immaculate*, 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, its officers, directors and agents, and the *Parish Visitors of Mary Immaculate* its employees and 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/*Parish Visitors of Mary Immaculate.*

Signature: _____ Date: _____

Youth Medical Consent and Permission to Treat

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*.

Insurance Information:
Family Health Plan Carrier: _____ Policy Number: _____

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.
Signature of Parent/Guardian:_____ Date:_____

In the event of an emergency, *if you are unable to reach me*, contact:
Name: _____ Relationship: _____
Phone:( ) _____ My son/daughter is under the care of a medical provider. ___Yes ___No
Provider Name: _____Phone Number: ( )_____

Other Medical Treatment: In the event it comes to the attention of the parish, its officers, directors and agents, and the *Parish Visitors of Mary Immaculate*, 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. **Signature: _____ Date: _____**

READ AND SIGN IF YOUR CHILD IS TAKING MEDICATION AT PRESENT.
My child will bring all such medications necessary, and such medications will be well-labeled in a resealable bag. The bag must include instructions from the parent/guardian on how and when medication/treatments should be taken. Medications will be stored by the supervising adult leader in a secure area. At the prescribed times, youth can take their medications/treatments in the presence of a supervising adult leader. **Medications/treatments that require any form of disrobing must be self-administered by the student privately.** Exceptions to this policy are medications that need to be in the constant possession of the youth (e.g. insulin, inhalers or epinephrine pens).
Signature: _____ Date: _____
I give permission for my child to self-administer over-the-counter medication such as Tylenol, Benadryl, Ibuprofen during their participation in this event. **_____ Initials of parent/guardian.**

Specific Medical Information:
We will take reasonable care to see that the following information will be held in confidence.
Allergic reactions (medications, foods, plants, insects, etc.): _____
Date of last tetanus/diphtheria immunization: _____
Does child have a medically prescribed diet? _____
Any physical limitations? _____
Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, etc.? If yes, list date and disease or condition: _____
You should be aware of these special medical conditions of my child: _____
_____

Signature: _____ Date: _____