

**DIOCESE OF SPRINGFIELD-CAPE GIRARDEAU – OFFICE OF YOUTH MINISTRY**

**Consent Form, Liability Waiver & Multi-Media Release**

(The parish and diocese will take responsible care to see that the following information will be held in confidence.)

Parish Name Immaculate Conception Parish City Jackson

Participant First Name \_\_\_\_\_ Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Participant's Address: \_\_\_\_\_

Participant's Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

City, State Zip \_\_\_\_\_ Participant Cell Phone # \_\_\_\_\_

Mother/Guardian's First Name \_\_\_\_\_ Last Name \_\_\_\_\_

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

Father/Guardian's First Name \_\_\_\_\_ Last Name \_\_\_\_\_

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

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

Family Health Plan Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_

Attendee is taking medication at present: **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

Medication \_\_\_\_\_

Dosage \_\_\_\_\_ Frequency \_\_\_\_\_

Medication \_\_\_\_\_

Dosage \_\_\_\_\_ Frequency \_\_\_\_\_

**Specific Medical Information**

Date of last tetanus immunization \_\_\_\_\_

\*Allergic reactions (medicines, food, plants, insects, etc.) \_\_\_\_\_

\*Does the child have a medically prescribed diet? \_\_\_\_\_

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

\*Has child been recently exposed to any contagious diseases or condition? If yes, date and disease condition: \_\_\_\_\_

\_\_\_\_\_

\*You should be aware of these special medical conditions of my/our child \_\_\_\_\_

I/we (parent/guardian) \_\_\_\_\_ parent of above named participant grant permission for

my/our child to participate in Steubenville Youth Conference, Springfield, MO on the dates of

July 9-11, 2021. This activity will take place under the guidance and direction of parish employees and/or volunteers. As parent(s)/guardian, I/we remain legally responsible for any personal actions taken by the above named minor ("participant").

Further, I/we give my/our permission for photographs/video of my/our child to be used for parish or diocesan communications and promotional programs. I understand that any photographs/videos will be used only in a legal manner and that at no time will my child or I be depicted in any unethical manner.

**Please complete both sides of this form.**

I/we agree, on behalf of myself/ourselves, my/our child named herein, my/our and my/our child's heirs, successors and

assigns, to hold harmless and defend Immaculate Conception parish and the Diocese of Springfield-Cape Girardeau, their officers, directors, employees and agents, chaperons, and representatives associated with the event, from any claim arising from or in connection with my/our child attending the event, from any claim arising from or in connection with any illness or injury (including death) or in connection with the cost of medical treatment as a result of an illness or injury, even if the cause of damages or injury is alleged to be the fault of or caused by the negligence of the parish or the Diocese of Springfield-Cape Girardeau, their officers, directors, employees and agents, chaperons, and representatives associated with the event. I agree to compensate the parish or Diocese, their officers, directors, employees, agents and chaperones or representatives associated with the event for reasonable attorney's fees and expenses which they may incur in any action brought against them as a result of such injury or damage, unless such a claim arises from the negligence of the parish or Diocese.

In the event of an emergency, I/we hereby give permission to transport my/our child to a hospital for treatment by the hospital or doctor. I wish to be advised prior to any further treatment by the hospital or doctor.

**Of the following statements pertaining to medical matters, sign ONLY that which applies:**

**No medication of any type**, whether prescription or non-prescription, may be administered to my/our child unless the situation is life threatening and emergency treatment is required.

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

**OR**

I/we hereby **grant permission for non-prescription medication** (such as Tylenol, throat lozenges, cough syrup) to be given to my/our child, if deemed advisable.

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

**Code of Behavior**

I, (name of participant) \_\_\_\_\_, hereby agree to abide by the expected Code of Behavior required of me when present at this event. I will cooperate fully with any chaperones or leaders of this event and obey local laws and ordinances, in addition to any special rules given to me. I understand that failure to comply with this Code may result in me having to leave the program.

Participant signature \_\_\_\_\_ Date \_\_\_\_\_

I/we agree that my/our child shall abide by all rules and regulations as established by the parish staff and/or Office of Youth Ministry for this event. I/we agree that if my/our child fails to abide by the code of behavior my/our child may be sent home immediately at my/our expense.

I/we warrant that the information herein (on both pages of this waiver) is correct to the best of my/our knowledge. I/we further give my/our permission for health officials to release medical information on my/our son/daughter to the diocesan group leader, if applicable. I/we fully understand and sign this Parental/Guardian Consent Form and Liability Waiver knowingly, freely and willingly. **(Your signature(s) required.)**

Parent(s)/Guardian signature(s) \_\_\_\_\_ Date \_\_\_\_\_

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**Please complete both sides of this form.**  
When making copies, please copy front to back  
(one piece of paper per person)