

PARENTAL CONSENT – MEDICAL LIABILITY RELEASE - Sheet 1 of 3

Name of Event All Saints Youth Group – Appalachia Service Retreat

Location of Event Pinch, WV and surrounding communities Date of Event 6/13/10 to 6/19/10

Released Parties: All Saints Parish and all related persons and Entities. Transportation provided by All Saints Parish

This certifies that my child, _____ living at _____
(print name)

(street) (city) (state) (zip) (phone)
is physically and mentally fit to participate in the above event (hereafter referred to as “the program”), and has my permission as parent to participate in the program.

I VOLUNTARILY AND KNOWINGLY ACCEPT AND ASSUME, THE RISKS involved in the program for myself and my child named above and, in consideration for All Saints Parish allowing us to participate in the program, on behalf of myself, my heirs, executors, administrators, and assigns, I hereby FULLY RELEASE AND FOREVER DISCHARGE the parties named above, and only those parties, along with their officers, agents, employees, successors, assigns, and volunteers, from any and all losses, expenses, inquiries, demands, actions, causes of action, damages, rights and claims, of whatsoever kind or nature, whether in law or in equity, arising out of or in connection with our participation in the program, and further WAIVE ANY RIGHTS we may have in that regard against those Released Parties.

I understand and acknowledge the significance and consequence of my specific intention to release any and all such claims and I hereby ASSUME FULL RESPONSIBILITY for any and all matters listed above.

THIS RELEASE IS KNOWINGLY AND VOLUNTARILY SIGNED WITH THE INTENT TO BE LEGALLY BOUND, AND IS SIGNED AFTER CAREFULLY READING AND FULLY UNDERSTANDING THE TERMS AND CONSEQUENCES OF THIS RELEASE.

PARENT(S) GUARDIAN(S):

(print name) (signature) (relationship)

(print name) (signature) (relationship)

(date) (primary phone) (secondary phone)

EMERGENCY MEDICAL AUTHORIZATION FORM

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under parish authority, when parents or guardians cannot be reached.

Residential Parent or Guardian:

Mother’s Name _____ Daytime Phone _____

Father’s Name _____ Daytime Phone _____

Other’s Name _____ Daytime Phone _____

Name of relative or childcare provider _____ Relationship _____

Address _____ Daytime Phone _____

Health Insurance provider _____ Policy Number _____

Policy Holder’s Name _____ Group Number _____

Insurance provider’s phone number: _____

PLEASE LIST ALL KNOWN ALLERGIES AND CURRENT MEDICATIONS ON THE BACK OF THIS FORM.

BASIC HEALTH INFORMATION

Date of last tetanus booster: _____

Please list any allergies, conditions or limitations for your child. (Examples: food and medication allergies, asthma, seizure disorders, lifting restrictions, etc.)

Prescribed Medications:

It will be the responsibility of your child to take their own prescribed medications according to their physician’s orders. Please fill out the following columns for any medications currently taken by your child:

Name of Medicine (example: Zyrtec-D 12 hour)	Dosage: (example: 1 10mg tablet, twice a day)	Reason: (example: Antihistamine and decongestant for seasonal allergies)

Over The Counter Medications:

I grant permission for my child to take the following over the counter medications according to the USDA recommended dosage on the packaging:

- Tylenol
- Ibuprofen
- Aspirin

Work Tools Permission

Some of the work performed at job sites may require a person to be on the roof of a house or to operate power tools (saws, drills, power washers, etc). Because of the increased risks associated with these duties, special permission is required. If none of the boxes below are checked, your child will not be able to be on a roof or operate power equipment.

- May work with power tools
- May NOT work with power tools
- May work on a roof
- May NOT work on a roof

Date _____ Signature of Parent/Guardian _____

GRANT TO CONSENT

I hereby give consent for the following medical providers and local hospital to be called:

Physician _____ Phone _____

Dentist _____ Phone _____

Medical Specialist _____ Phone _____

Local Hospital _____ Emergency Room Number _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by above named doctors, or, in the event the designated practitioner is not available, by another licensed physician or dentist; and the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

Facts concerning the child’s medical history, including allergies, medications being taken, and any physical impairments to which a physician should be alerted are listed on page 2 (on backside of page 1) of this consent form.

Date _____ Signature of Parent/Guardian _____

REFUSAL TO CONSENT

I do **NOT** give my consent for emergency medical treatment of my child. In the event of illness of injury requiring emergency treatment, I wish the program authorities to take the following action:

Date _____ Signature of Parent/Guardian _____

TECHNOLOGY CONSENT FORM

This is a request for your permission to post your child’s photo, name, and contact information on the All Saints Parish website. As you are probably aware, there are potential dangers associated with the posting of personally identifiable information on a website since global access to the Internet does not allow us to control who may access such information. These dangers have always existed; however, we as a parish youth group want to celebrate our activities and spread interest to others. The law requires that we ask you permission to use information about your child. Pursuant to law, we will not release any personal information without prior consent from you as parent or guardian. Personal information includes child’s photo, first name, last name, phone number, and email address.

If you, as parent or guardian, wish to rescind this agreement, you may do so at any time in writing by sending a letter to the parish youth coordinator and such rescission will take effect upon receipt by the youth coordinator.

I/We grant permission to post the following on the parish website (check appropriate boxes):

- photo only photo with first name only photo with first and last name only

I/We do NOT grant permission for any personal information of my child to be published on the All Saints Youth Group Website.

Date _____ Signature of Parent/Guardian _____