Catholic Diocese of El Paso and/or the Parish of ______________________________

Annual Youth Ministry Parent/Guardian/Conservator Permission, Liability Waiver and Medical Information

Youth Participant's Name: ______________________________

Birthdate: ____________________ Grade: _____ Gender: Male ☐ Female ☐

Parent ☐ Guardian ☐ Conservator ☐ Name: ______________________________

Home Address: ______________________________

City: ____________________ State: ____________ Zip Code: ____________

Cell Phone #: ____________________ Home Phone #: ____________________

Emergency Contact Name: ______________________________

Relationship to son/daughter/participant: ______________________________

Cell Phone #: ______________ Home Phone #: ____________ Business Phone #: ____________

Prefers Text Message: Yes ☐ No ☐

Release/Indemnification Information:

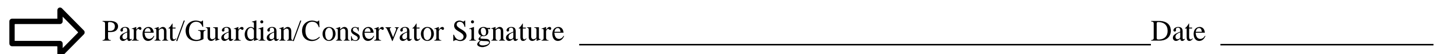
I, ______________________________ grant my permission for ______________________________
Parent/Guardian/Conservator's Name Son's/Daughter's/Participant's Name

to participate with the various programs and activities of the Diocese of El Paso and/or the parish of ______________________________ beginning **the 1st day of June, 2016, and continuing through the 31st day of May, 2017**. These various programs and activities will take place under the guidance and direction of employees and/or volunteers from the parish of ______________________________ and/or the Diocese of El Paso. This permission and liability waiver will be kept on file and will accompany the participant on any and all programs and activities of the Diocese of El Paso and/or parish of ______________________________. A separate FORM B Consent to Participate and Consent to Emergency Medical Treatment must be filled out and turned in to accompany this form per each program and/or activity.

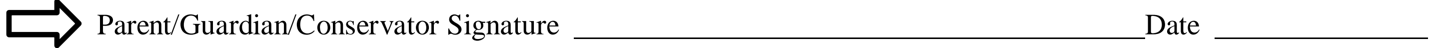
I understand that as parent/guardian/conservator, I remain legally responsible for any personal actions taken by the participant named above.

I agree on behalf of myself, my son/daughter/participant named herein, our/his/her heirs, successors, and assigns to hold harmless, the Diocese of El Paso, the Bishop and his successors, employees, agents, volunteers, the Parish, its employees and volunteers from any and all claims (unless due to the negligence of the Diocese and/or Parish) for illness, injury, death and the cost of medical treatment therewith, arising from or in any way connected with my son's/daughter's/participant/s attending the various programs and activities during the dates named above.

In the event any legal action is taken by either party against the other party to enforce any of the terms and conditions of this agreement, it is agreed that the unsuccessful party to such action shall pay to the prevailing party therein all reasonable court costs, reasonable attorneys' fees and expenses incurred by the prevailing party.



Promotional Release
I also consent to the use of any videotapes, photographs, slides, audiotapes, or any other visual or audio reproduction in which my son/daughter/participant may appear by the Diocese of El Paso. I understand that these materials, including websites and social media sites, are being used for promotion the Vocation Office of the Diocese of El Paso which may include recruitment and fundraising efforts. (In perpetuity unless otherwise revoked by me in writing and delivered by certified mail, return receipt requested, to: El Paso Catholic Diocese, 499 St. Matthews, El Paso, TX 79907, ATTN: Director of Vocations)



Parent/Guardian/Conservator Signature ____Date _______________

Social Media Release
The Diocese of El Paso utilizes today's technology in a positive way to reach out to the youth of the Diocese, including Facebook, email and other social media. We may remove any content deemed inappropriate. All communications with any youth through social media programs by anyone representing the Diocese may be made available to any parent upon request. If you do not allow your son/daughter/participant to text, Facebook, or use other social media, there will be no expectation that they do so in order to participate in certain youth ministry events. However, the Diocese cannot guarantee that photos, videos, or other communication of your son/daughter/participant from diocesan and/or parish events will not be uploaded to a social media site.

Parent/Guardian/Conservator Signature ____Date _______________

Is the participant insured: **Yes** ☐ **No** ☐

If yes, please fill out the information below FROM THE PARTICIPANT'S Insurance Card:

Name of Policy Holder (whose name is the policy in): ____

Insurance Carrier/Name of Insurance Company: ____

Policy Number: ______________________________________ Insurance ID Number: ___________________________

Claim Address/Zip Code: ____

Customer Service Phone #: _____________________________

MEDICATIONS: Check _*All*_ that Apply – NOTE: DO NOT CHECK ALL BOXES BELOW AS ONE MAY CANCEL OUT ANOTHER

☐ This child takes no medication and will bring no medication with him/her.

Parent/Guardian/Conservator Signature ____Date _______________

☐ This child takes medication(s) and will self-medicate. The child will bring all such medications necessary, and such medications will be clearly labeled. I understand that the child will be required to turn all medication(s) over to a supervising adult designated to keep medication(s). I further understand that it will be this child's responsibility to present himself/herself at a location designated for returning medication(s) to this child at the frequencies/times listed below. I understand that the adult to whom this child surrenders the medication has no medical training and this adult will not measure dosages. This child will return the medication(s) to the adult after he/she self-medicates. At the conclusion of the event it will be this child's responsibility to pick up remaining medication(s), if any, at the self-medication designated location.

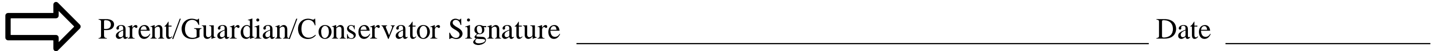
Names of medications and exact dosage and frequencies/time are as listed below: (You may attach a sheet to this form if you need more space, just make sure to sign and date it as well).

____

____

____

Parent/Guardian/Conservator Signature ____ Date ______________



☐ This child takes medication but is unable to self-medicate. The child's parent/guardian/conservator will provide and dispense any and all needed medications.

Parent/Guardian/Conservator Signature ____Date ______________

☐ No medication of any type whether prescription or nonprescription may be administered to this child unless the situation is life-threatening and emergency treatment is required.

Parent/Guardian/Conservator Signature ____Date ______________

☐ I grant permission for the following nonprescription medication to be given to this child (excluding medication listed below that causes allergic reaction) in the recommended dosage on the medication bottle.

Non-aspirin pain reliever	Yes ☐	No ☐
Throat Lozenge	Yes ☐	No ☐
Decongestant	Yes ☐	No ☐
Antacid	Yes ☐	No ☐
Antihistamine	Yes ☐	No ☐

Parent/Guardian/Conservator Signature ____Date ______________

Specific Medical Information

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

   ____

   ____

2. Immunization: Year of last tetanus/diphtheria immunization:

   ____

   ____

3. Other Medications child currently takes:

   ____

   ____

4. Physical limitations:

   ____

   ____

5. Has child recently been exposed to contagious or condition such as mumps, measles, chicken pox, etc.?

   ____

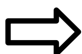
   ____

6. You should also be aware of these special medication conditions of this child:

   ____

   ____

To the best of my ability, everything I have stated is true and accurately reflects my wishes.

 Parent/Guardian/Conservator Signature ________________________________Date ____________