

Parent Permission Slip

Parental Guardian Consent Form and Indemnity Agreement for Youth Participant

Participant's Name _____ Birth Date _____ Grade _____
Sex _____ Parent/Guardian Name _____ T-shirt size _____
Home Address _____ Home Phone _____
Business Phone _____ Phone to be used in case of Emergency _____
Date of Event _____ Destination _____ Cost _____
Mode of Transportation _____ Estimated time of Departure and Return _____
Individual(s) in charge _____ Teen Email _____

I, _____ grant permission for my child, _____ to participate in the above named activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify the Church of Saint Paul and the Archdiocese of St. Paul/Minneapolis from any claims or lawsuits brought against the Church of Saint Paul/Archdiocese of St. Paul/Minneapolis by myself, my child or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the Church of Saint Paul and the Archdiocese in defense of such a claim/law suit.

By virtue of being part of this event, your child or teen will be photographed. Church of Saint Paul may use these photos as part of our in-house promotion and advertisement. Any photos used on the internet parental permission will be obtained.

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital. I agree to allow my child to receive emergency medical treatment at my expense at the discretion of the event leaders. 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 above numbers, contact:

Name _____ Phone _____

Optional Health Information:

Of the following statements pertaining to medical matters, sign only those that are applicable:

___ In the event it comes to the attention of Church of Saint Paul, its officers, directors, and agents and the Archdiocese of Saint Paul and Minneapolis, chaperones, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, or diarrhea, I want to be called (with charges to be paid by parent or guardian).

___ My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are indicated on the *Drug Authorization Form* found in the Youth Office.

List Medications Here: _____

If your child is taking medication, you must fill out an additional *Drug Authorization Form*.

___ 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 (such as non-aspirin products, i.e. acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child if deemed appropriate.

___ My child has a chronic health condition. Attached is specific information to help any adult know how to handle a medical emergency pertaining to this condition.

___ My child has a disability. Attached is a description and information to help any adult working with my child.

Allergic reactions (medications, foods, plants, insects, etc.) _____

Other medical conditions or special needs _____

Immunizations _____

Does the child have a medically prescribed diet? _____

Any physical limitations? _____

Has the child been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, etc.? _____

If yes, date and disease or condition: _____

Family Doctor _____ Phone Number _____

Insurance Co. _____ Policy # _____

Primary Card Holder _____ Family Health Plan Carrier Number _____

As parent or guardian, I agree to all of the above stated considerations and conditions.

Signature _____ Date _____ Email _____

Parent/Guardian Volunteer Information

___ I would like to help chaperone this event _____ I would like to help drive with _____ # of seat belts
I have completed Virtus _____ Yes/No I have a transportation form on file _____ Yes/No
I have a background check and code of conduct on file _____ Yes/No I am 21 yrs or older _____ Yes/No