

ST. MICHAEL CATHOLIC PARISH 2017-18
PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

PARTICIPANT'S NAME: _____

BIRTH DATE: _____ AGE: _____ GRADE: _____ SCHOOL: _____

PARENT/GUARDIAN'S NAME: _____

ADDRESS/CITY/STATE/ZIP: _____

HOME PHONE: _____ WORK PHONE: _____ CELL: _____

In the event of an emergency and if you are unable to reach me at the above numbers, please contact:

NAME/RELATIONSHIP: _____ PHONE: _____

CELL: _____

I, (name of parent or guardian) _____, grant permission for my child, _____ to participate in **all youth ministry activities** from **June 2017-July 2018**, sponsored by the St. Michael Youth Ministry Office (3705 Stone Lakes Dr. Louisville, KY 40299).

In the event of an emergency, I authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any licensed physician or licensed dentist on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for my child to return home due to medical reasons or otherwise, the undersigned shall assume responsibility for transportation and/or incurred transportation costs.

The undersigned does also hereby give permission for my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by the St. Michael Parish Youth Ministry Office. I will not hold the The Archdiocese of Louisville, St. Michael Parish, youth ministry coordinators, or chaperones associated with the event responsible in the event of injury.

INSURANCE COMPANY: _____

POLICY NUMBER: _____

PARENT/GUARDIAN'S SIGNATURE: _____ DATE: _____

Please list any allergies or special medical problems your child may have: _____

Date of Last Tetanus Shot _____

_____ **I give my permission to administer over the counter medication: (advil, tylenol, cold medicine, etc)**

_____ **I do not want my child to be administered any over the counter medication unless I am Contacted.**

(See reverse for Photo Release)

St. Michael Youth Ministry Photo Release

I hereby grant my consent to use and release to:

The Catholic Parish of St. Michael the use of my child's likeness, whether in still, motion pictures, audio or digital video recording, photograph and/or other reproduction of me or my child, including voice and features, with or without names, of any promotional purposes involving the parish or program, news feature stories or other media or other purpose whatsoever, except for the endorsement of any commercial products.

I further agree that the Catholic Parish of St. Michael may use or cause to be used, these items for any and all broadcasts, publications or reproductions or website, without limitation or reservation of any fee.

Parent/Guardian _____ Date _____

Child's Name: _____

Signature: _____

Print Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

(The purpose of this form is to allow us to use pictures in the various brochures, publications, news items, video tapes, Parish events, programs, etc.)