

St. Francis de Sales Catholic Church

PARENTAL OR GUARDIAN PERMISSION SLIP AND LIABILITY WAIVER

(Entire form must be completed for child to attend event)

(Please print)

Participant's name: _____ Date of Birth: ____/____/____

Home Address: _____

Home Phone: _____ Work Phone: _____

I, _____, grant permission for my child, _____, to participate in this parish youth
Parent or Guardian's Name Child's Name
ministry event that requires transportation to a location away from the parish site. This activity will take place under the
guidance of parish employees and/or volunteers from St. Francis de Sales. A brief description of the activity follows:

Event Description: **Confirmation Retreat – Shatter the Shackles**

Destination of event: **St. Vincent Pallotti Center – (262) 723-2108
N6409 Bowers Rd. Elkhorn, WI 53121**

Individual in charge: **Bill Snyder – Director of Youth Ministry**

Date and Time of Event: **7:00 PM, November 13th, 2009 until 2:30 PM, November 15th, 2009**

Mode of Transportation to and from event: **Bus to Retreat Center, Parents Responsible for Pick-up**

I understand that:

- As parent and/or legal guardian, I remain legally responsible for any and all personal actions taken by the above named minor (participant).
- There will be a policy in place regarding acceptable and unacceptable behavior. If there is any unacceptable behavior by my child (participant), including but not limited to the possession of alcohol or drugs, I will be called and will pick up my child regardless of time of day or night.

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. Francis de Sales parish, its officers, directors and agents, and the diocese of Milwaukee, chaperones, or representatives associated with the event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, director and agents, and the Archdiocese of Milwaukee, chaperones, or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

Signature: _____

Date: _____

MEDICAL PERMISSION FORM

I grant permission for the administration of first aid care to _____ by the parish, its officers, directors and agents, and the Archdiocese, chaperones, or representatives associated with the event as their judgment deems advisable, and to make the necessary referrals to qualified physicians for treatment of illness or accident of a more serious nature. I understand that I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In case of medical emergency, I understand that every effort will be made to contact the parent(s) or guardian(s) of the participant. In the event that I cannot be reached, I hereby give permission to the physician selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery, if deemed necessary for my child.

Signature: _____

Date: _____

(Please complete back side)

(Of the following statements pertaining to medical matters, check or sign ONLY those that apply)

Other Medical Treatment: In the event it comes to the attention of the parish, its officers, directors and agents, and the Archdiocese, chaperones, or representatives associated with the activity that my child becomes ill with symptoms such as: headache, vomiting, sore throat, fever, diarrhea, I want to be called.

Signature _____ Date _____

If taking medications: My child is taking medications 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 as follows: _____

Signature _____ Date _____

Do NOT give medications: I wish that 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.

Signature _____ Date _____

Allowing "over the counter" medications: I hereby grant permission for non-prescription medication (such as aspirin, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature _____ Date _____

Specific Medical Information

The parish will take reasonable care to hold following information in confidence.

Please check appropriate boxes:

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

Immunizations: Date of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet? No Yes: _____

Any physical limitations? No Yes: _____

Is child subject to: chronic homesickness emotional reactions to new situations sleepwalking fainting bedwetting

Has child recently been exposed to contagious disease or conditions? mumps measles chickenpox

You should be aware of these special medical conditions of my child: _____