



St. John the Baptist Catholic Church, New Haven Youth Ministry

## PARENTAL / GUARDIAN CONSENT FORM AND LIABILITY WAIVER

I, \_\_\_\_\_ (print guardian's name) grant  
permission for my child/ren

\_\_\_\_\_ (print names) to  
participate in

I will not hold the Diocese of Fort Wayne / South Bend, St. John the Baptist Catholic Church, chaperones, or volunteers associated with this gathering responsible in the event of injury. Further, I agree to accept any and all financial responsibility as a result of scheduling necessary emergency medical treatment.

I will not hold St. John the Baptist Catholic Church/School or their representative responsible for any injury incurred on the trip to and from this gathering. I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

In the event of emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to treatment by the hospital or doctor. In event of an emergency contact:

Parent/Guardian (Print) \_\_\_\_\_

Emergency Phone / Cell # \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Health Plan Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Please initial one of the following:

\_\_\_\_\_ I hereby grant permission for nonprescription medication (such as Tylenol or throat lozenges) to be given to my child, if deemed advisable.

\_\_\_\_\_ No medication of any type whether prescription or nonprescription may be administered to my child unless emergency treatment is required.

**Please list any special medical conditions and/or allergies of your son / daughter:**

\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature:

\_\_\_\_\_ Date: \_\_\_\_\_