

# PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participant's name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Grade entering in Fall \_\_\_\_\_ Male/Female: \_\_\_\_\_

Parent/Guardian's name: \_\_\_\_\_

Home address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

I, \_\_\_\_\_, grant permission for my child, \_\_\_\_\_,  
(Parent or guardians name) (child's name)  
to participate in MI Youth Camp. This activity will take place under the guidance and direction of Diocesan employees and volunteers from the Diocese of Fargo, Youth Department. A brief description follows:

Type of event: MI (Militia of the Immaculata) Youth Camp

Destination of event: Franciscan Retreat Center  
102 6<sup>th</sup> Street SE, Hankinson, ND 58041-0447

Individual in charge: Kathy Loney, Dir. of Youth and Young Adult Ministry,  
Diocese of Fargo

Date of event: June 25-June 30, 2017

Mode of transportation: On the first day of camp your child will be bussed to the convent from the Diocesan building, 5201 Bishops Blvd, Fargo, ND. Or you can bring your child directly to the convent and meet the bus about 7:30pm.

On the last day of camp your child must be picked up by a parent or other designated adult from the convent in Hankinson!

As a parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant").

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Diocese of Fargo, its directors and agents, chaperons, 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, and I agree to compensate the Diocese of Fargo, its directors and agents, chaperons or representatives associated with the event for reasonable attorney's fee and expenses arising in connection therewith.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**(OVER)**

**MEDICAL MATTERS:**

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. (Of the following statements pertaining to medical matters, sign only those that are applicable.)

**Emergency Medical Treatment:**

In the event of an 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 any 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 & Relationship: \_\_\_\_\_

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

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

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Medications:**

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 as follows: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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:** \_\_\_\_\_

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:** \_\_\_\_\_

**Special Medical Information:**

The Diocese will take reasonable care to see that the following information will be held in confidence.

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

Immunizations: Date of last tetanus/diphtheria immunization: \_\_\_\_\_

Does your child have a medically prescribed diet? \_\_\_\_\_

Physical limitations? \_\_\_\_\_

Is your child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, fainting?

Has your child recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, etc.? If

so, date and disease or condition: \_\_\_\_\_

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