

## PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participant's name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Gender: \_\_\_\_\_

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

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

Home phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

I (We), \_\_\_\_\_ grant permission for my (our) child, \_\_\_\_\_

To participate in this event that requires transportation to a location away from the parish and may involve the following activities but not limited to praying, celebrating, running, jumping, sharing personal stories, reading, singing, clapping, speaking, shouting, sitting for prolonged periods of time, early wake-up, sleeping in tent or cabins, use of low-light restrooms, outdoor activities in dirt and rocky terrain, activities relating to outdoor environment, aquatic activities. These activities will take place under the supervision, guidance and direction of volunteer leaders from the VEYM Canada event organizing committees.

### Event Information:

Type of event: \_\_\_\_\_ Date of event: \_\_\_\_\_

Destination of event: \_\_\_\_\_

Individual(s) or Organization in charge: \_\_\_\_\_

Estimated of departure and return: \_\_\_\_\_

Mode of transportation to and from event: \_\_\_\_\_

In consideration of approval to participate in the Trip, I (we) agree on behalf of myself (ourselves), my (our) child named herein, or our heirs, successors, and assigns, to hold harmless and defend VEYM Canada, parish, Diocese, Archdiocese, their officers, directors, employees, agents, chaperones, leaders or representatives associated with the event, from any claim arising from or in connection with my (our) child attending the event or in connection with any illness or injury (*including death*) or cost of medical treatment in connection therewith, and I (we) agree to compensate the VEYM Canada, parish, Diocese, Archdiocese, their officers, directors, employees, agents, chaperones, leaders or representatives associated with the event for all legal fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the VEYM Canada, parish, Diocese, Archdiocese.

It is understood that I (we) will obtain travel insurance coverage for my (our) child and that I (we) shall obtain adequate medical, personal health, dental and accident insurance coverage, as well as protection of personal possessions.

I (we) understand that it is my (our) child's responsibility to abide by the instructions given by the parish, persons in charge and the laws of Canada in addition to respecting the laws and customary standards of good behaviour of the places to which my (our) child travel to and from. It is understood that the Parish and Organizer can require my (our) child to withdrawal from the Trip for reasons of illness or conduct unbecoming a representative of the Parish, irrespective of whether my (our) child is a member of and will be the sole authority in exercising that judgement. I (we) understand that I (we) shall pay the cost of a return trip should my (our) child be sent home for unbecoming conduct.

As parent and/or legal guardian, I (we) remain legally responsible for any personal actions taken by the above-named minor ("Participant") to attend the Event stated above.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

MEDICAL MATTERS: I (we) hereby warrant that to the best of my knowledge, my (our) child is in good health, and I (we) 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 (we) hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I (we) 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:

Participant Medical Health #: \_\_\_\_\_

Guardian Name & relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Family doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Other Medical Treatment: In the event it comes to the attention of the parish, its officers, directors and agents, the Diocese, chaperones, VEYM Canada or representatives associated with the activity, that my (our) child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I (we) want to be called collect (with phone charges reversed to myself).

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Medications: My (our) child is taking medication at present. My (our) 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:

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

No medication of any type, whether prescription or non-prescription, may be administered to my (our) child unless the situation is life-threatening and emergency treatment is required.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I (we) hereby grant permission for non-prescription medication (i.e. non-aspirin products such as acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Specific Medical Information: The parish and or organizer 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 child have a medically prescribed diet?  
\_\_\_\_\_
- Any physical limitations?  
\_\_\_\_\_
- Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting?  
\_\_\_\_\_
- Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, etc.? If so, list date and disease or condition:  
\_\_\_\_\_  
\_\_\_\_\_
- Other special medical conditions of my (our) child to be aware of:  
\_\_\_\_\_  
\_\_\_\_\_