

**PARENTAL/GUARDIAN CONSENT FORM
AND LIABILITY WAIVER**

PARTICIPANT'S NAME: _____

BIRTHDATE: _____ SEX: _____ GRADE: _____

HOME ADDRESS: _____

Email #1: _____ Email #2: _____

PHONE: HOME: _____ CELL: _____

I, (name of parent or guardian) _____, grant permission for my child to participate in this parish activity that requires transportation to a location away from the parish site.

Type of event or activity: Confirmation Retreat

Cost of activity: \$150, payable to St. Thérèse of Carmel

Destination of event or activity: Mission San Luis Rey
4050 Mission Avenue
Oceanside, CA 92057

Individual in charge or responsible: Cort D. Peters, Director of Catechetical Ministries

Estimated time of departure and return: Friday, January 13, 2011, 4:00 p.m. to Sunday, January 15, 12:00 p.m. (we will return in time for the 11 a.m. Mass at Saint Thérèse of Carmel)

Mode of transportation to and from event: Bus

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

I agree to hold harmless and defend St. Therese of Carmel, its officers, directors and agents, and the Diocese of San Diego, chaperons, or representatives associated with the event with respect to any and all actions, claims or demands that may be made or brought against the parish, its officers, directors and agents, and the Diocese of San Diego, chaperons, or representatives associated with the event, arising from or in connection with my child's 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, directors and agents, and the Diocese of San Diego, chaperons, or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

Signature: _____ Date: _____

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 in accordance with your wishes:

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 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:

Emergency Contact:

NAME: _____

RELATIONSHIP: _____

PHONE: HOME: _____ CELL: _____

FAMILY DOCTOR: _____ PHONE: _____

FAMILY HEALTH PLAN CARRIER: _____

POLICY NUMBER: _____

Special Medical Information: The parish, St. Therese of Carmel, will take 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? _____

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, chickenpox, etc? If so, date and disease or condition: _____

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

Other Medical Treatment: In the event it comes to the attention of the parish, its officers, directors and agents, and the Diocese of San Diego, chaperons, 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.

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: _____