

CAST OUT INTO THE DEEP: VOCATIONS RETREAT

June 7-8, 2019

Parental/Guardian Consent Form and Liability Waiver

Participant's Name: _____ Gender: _____

School: _____

Parent/Guardian's Name: _____ Home Phone: _____

Parent Cell: _____ Student Cell: _____

Parent Email: _____ Student Email: _____

I, _____ (parent/guardian) grant permission for my child, _____ to participate in this retreat and all included activities.

As 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 Our Lady of the Holy Spirit Center, its officers, directors, employees and agents or representatives associated with the retreat or in connection with any illness or injury (including death) or cost of medical treatment in connection there with, and I agree to compensate the center its officers, directors, employees and agents for reasonable attorney fees and expenses which may incur in action brought against them as a result of such injury or damage, unless such claim arises from the gross negligence of the center.

Signature: _____ Date: _____

Medical Matters: I hereby warrant 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 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:

Name & relationship: _____

Phone: _____ Family Doctor and phone # _____

Family Health Plan Carrier: _____ Policy # _____

Signature & Date _____

Medications: My child is taking medications at present. My child will bring all medications necessary and such medications will be well-labeled. Names of the medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows: _____

_____ Signature & Date: _____

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*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 medications (such as non-aspirin products, i.e. acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child if deemed necessary.

Signature & Date: _____

Specific Medical Information: The center will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, food, plants, insects, etc.):

Does your child have a medically prescribed diet: _____

Any physical limitations: _____

Any other medical conditions of your child that we need to be aware: _____

Photo Release for Internet and Newspaper/Newsletter: I hereby grant permission for photographs taken of my child on this field trip to appear on any of the following communications mediums of Our Lady of the Holy Spirit Center: Fiat Lux (Bi-monthly Newsletter), Facebook, Twitter, or the Center's Website. I understand that images of my child will be used only in relation to these publications and the retreat relevant to this liability form. Any other use of said images of my child will require my full written consent. My child's signature confirms his approval of said photos and recognition of consent.

Signature of Parent & Date: _____

Signature of Youth Participant & Date: _____

Feel free to use additional space below or to use additional pages for any other information that is pertinent to the needs of your child.
