

**Sacred Heart Parish  
Youth Ministry Group**



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

*Participant's Name:* \_\_\_\_\_

*Birth Date:* \_\_\_\_\_ *Sex (please circle):* M F

*Parent/Guardian's Name:* \_\_\_\_\_

*Home Address:* \_\_\_\_\_

*Home Phone:* \_\_\_\_\_ *Cell Phone:* \_\_\_\_\_

I, the above names parent/guardian, grant permission for my child, \_\_\_\_\_, Child's Name

to participate in Sacred Heart Parish Youth Ministry outings that requires transportation to a location away from the parish location site. These activities will take place under the guidance and direction of parish employees and/or volunteers from Sacred Heart Parish (Suffield, CT). This consent form and liability waiver is in effect from September 1, 2019 through June 30, 2020.

A brief description of the activity follows:

*Type of Event:* Youth Ministry Outings

*Date and Time of Event:* Youth Ministry meets on a monthly Basis

*Destination of Event:* Each month a different location will be visited

*Individual in Charge:* Parish Employees and/or volunteers from Sacred Heart Parish

*Mode of Transportation To and From Event:* Parent Volunteer Drivers

*Adult Volunteer Contact:* Elizabeth Grigoriou (860-668-4246)

As parent and/or guardian, I remain legally responsible for my 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 Sacred Heart Parish (Suffield, CT), its officers, directors and agents, and the Archdiocese of Hartford, chaperones, 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 in connection therewith, and I agree to compensate the event location, its officers, directors, and agents, and the Archdiocese of Hartford, chaperones, or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

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

# Sacred Heart Parish Youth Ministry Group



**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 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 (*relative or close neighbor*):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

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

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

**Other Medical Treatment:** In the event it comes to the attention of the event location, it's officers, directors and agents, and the Archdiocese of Hartford, chaperones, or representatives associated with activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reversed to myself).

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

**Specific Medical Information:** The parish will take reasonable care to see that the following information will be held in confidence for the safety of your child.

1. Allergic reactions (medications, foods, plants, insects, etc.): \_\_\_\_\_
2. Immunizations: Date of last tetanus/diphtheria immunization: \_\_\_\_\_
3. Does child have a medically prescribed diet? \_\_\_\_\_
4. Any physical limitations? \_\_\_\_\_
5. Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting? \_\_\_\_\_
6. Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc? If so, date and disease or condition: \_\_\_\_\_
7. You should be aware of these special medical conditions of my child:

\_\_\_\_\_  
\_\_\_\_\_  
\*\*Please note: If any changes occur during the year, please let Elizabeth Grigoriou at Sacred Heart Parish Rectory know so we can update your child's records. Thank you.



## PARENT/GUARDIAN CONSENT FORM FOR PHOTOGRAPHS

*Except where a signature is required, please PRINT all requested information.*

I, the undersigned parent/guardian, consent to my child(ren), \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

attending Sacred Heart Parish for any function being photographed.

I agree that Sacred Heart Parish shall have the right, but not the obligation to use my child's photograph, likeness (including caricature), for their website at any time and for any other purpose or materials the ministry deems necessary. **The child's name will not be used with the photos.**

Printed Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

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