



# Holy Trinity Youth Ministry General Liability Form 2018

## MEDICAL INFORMATION AND PARENTAL/GUARDIAN CONSENT FORM/LIABILITY WAIVER

Participant's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

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

Parent Email (print clearly): \_\_\_\_\_

Home address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_ Grade (2017-18) \_\_\_\_\_

I, \_\_\_\_\_ grant permission for my child, \_\_\_\_\_ to participate in any  
*Parent or guardian's name* *Child's name*  
Event organized by Holy Trinity Youth Ministry between and including the dates of January 1 through December 31, 2018. If the event is offsite, I also grant permission for my child to be transported by any means of official transportation organized by Holy Trinity Parish or their representatives.

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 Holy Trinity Parish, its officers, directors, employees and agents, and the Diocese of Green Bay, its employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish/school, its officers, directors and agents, and Diocese of Green Bay its employees and agents and chaperones, or representative associated with the event for reasonable attorney's 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 parish/school or the Diocese of Green Bay.

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

Child's Family doctor: \_\_\_\_\_ Phone of Doctor: \_\_\_\_\_

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

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

**Please complete both sides**



+ Holy Trinity Youth Ministry +

Diocese of Green Bay, WI  
Parishes Holy, Engaged, Alive

**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:

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

**Choose ONE of the following:**

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

-or-

I 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.

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

**Specific Medical Information:** The Holy Trinity Parish and the Diocese of Green Bay will take reasonable care to see that the following information will be held in confidence.

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

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

Does child have any physical limitations? \_\_\_\_\_

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

**MEDIA RELEASE:** This authorization form constitutes permission for my child(ren)'s participation in videotaping and/or photographs which may be taken during the program/trip. These could be used for further promotional videos, website promotions, fliers, or other diocesan or parish appropriate uses.

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

By completing this form, I agree that if any information submitted in this form changes between January 1, 2018 and December 31, 2018, it is my responsibility to notify Kevin Smits at Holy Trinity Parish so he can update the relevant information.

**Please complete both sides**