

School/Parish Catholic Parish of St John the Baptist

School/Parish Year: 2018\_ through 2019\_

**OFF-SITE CONSENT AND WAIVER FORM for RE/YOUTH ACTIVITIES**

*This Form is required from all youth for trips/activities, including field trips, outside your local area (more than sixty (60) miles from your church or school). It must be used for all overnight trips.*

**Name of Activity:** \_\_\_\_\_ (Herein after referred to as the **Activity** and more fully described below).

(Please print)

Participant's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Girl/Boy:

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip:

Home Telephone: (\_\_\_\_) \_\_\_\_\_

Participant resides with (check all that applies): Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian(s) \_\_\_\_\_

Custodial Parent/Legal Guardian's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mom/Guardian Cell : (\_\_\_\_) \_\_\_\_\_ Dad/Guardian Cell: (\_\_\_\_) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Second Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

**PARTICIPATION PERMISSION:** I, the undersigned, am custodial parent/legal guardian of Participant and request that he/she be to allowed participate in the Activity to be held in \_\_\_\_\_ on \_\_\_\_\_, including travel time and all events and activities related to said Activity. I understand that in the event Participant fails to conduct herself/himself in a manner consistent with the policies of the \_\_\_\_\_, she/he may be requested to leave the Activity and return home at my expense and that additional disciplinary action may result.

**LOST OR STOLEN ITEMS:** I hereby understand and agree that neither the Archdiocese of Oklahoma City or St John's nor any of their respective employees, directors, officers, agents, representatives and/or volunteers shall be held liable for any of my or my child's personal property lost or stolen during participation in the Activity.

**MEDICAL INFORMATION:** Is Participant taking any medications **OR** have any medical conditions (e.g., diabetes, epilepsy, heart conditions, etc.) \_\_\_ yes \_\_\_ no **If yes**, explain (attach additional sheets as necessary):

Does your child have any allergies? (e.g., insects, hay fever, strawberries, peanuts, etc.) \_\_\_yes \_\_\_no **If yes**, explain (attach additional sheets as necessary):

Does your child have any allergies or adverse reactions to medications? (e.g., penicillin, ibuprofen, acetaminophen, etc.) \_\_\_ yes \_\_\_ no **If yes**, explain (attach additional sheets as needed):

Does your child have any disabilities or physical or developmental limitations? \_\_\_ yes \_\_\_ no **If yes**, explain (attach additional sheets as necessary):

Date of last tetanus immunization: \_\_\_\_\_

Participant's Primary Physician: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Health Plan Carrier: \_\_\_\_\_

Group#: \_\_\_\_\_ Policy#: \_\_\_\_\_

Name of primary insured: \_\_\_\_\_

\_\_\_\_\_ **(Parent Initial)**

**REQUEST AND AUTHORIZATION TO ADMINISTER MEDICINES:** I request and authorize the staff of the Activity to administer the medicines listed below to Participant, as indicated:

	<u>Name of Medicine</u>	<u>Dosage</u>	<u>Frequency</u>
1.	_____		
2.	_____		

**NOTE: ALL MEDICINES TO BE TAKEN OR ADMINISTERED MUST BE ARRANGED FOR IN ADVANCE AND MUST BE PROVIDED IN THEIR ORIGINAL PHARMACY CONTAINER, INCLUDING THE PARTICIPANT'S NAME AND DOCTOR'S INSTRUCTION. (Attach extra pages if necessary)**

I hereby **grant** \_\_\_\_\_ **do not grant** \_\_\_\_\_ permission for non-prescription medication (such as non-aspirin products, i.e., acetaminophen or ibuprofen, throat lozenges, etc) to be given to Participant, if deemed appropriate.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**CONSENT TO TREATMENT OF PARTICIPANT:** I am the custodial parent or legal guardian of Participant. I hereby warrant that to the best of my knowledge, Participant is in good health and physically able to participate in the Activity and I assume all responsibility for the health and physical condition and ability of Participant to so participate. In the event of circumstances that indicate that Participant is in need of immediate medical care, I authorize and give permission for Participant to be transported to a hospital/clinic/medical facility for evaluation and emergency medical or surgical treatment, including any necessary X-ray examination. I authorize any licensed physician or medical center to treat Participant. **I accept full responsibility for any medical or hospital bills associated with the care of Participant.**

**LIABILITY WAIVER:** In consideration of the arrangement set forth herein, I do on behalf of myself, Participant and our respective heirs, successors, assigns and next of kin, release, waive, hold harmless, defend and covenant **NOT TO SUE**, St. John The Baptist Catholic Church, the Archbishop of the Archdiocese of Oklahoma City, and the Archdiocese of Oklahoma City and each of their respective departments, directors, administrators, teachers, officers, agents, representatives, volunteers and employees from any and all actions, claims, demands or liabilities, including without limitation, those for personal injuries or property damage, that I and/or Participant may suffer due to illness or injury suffered by Participant as a result of, or in connection with, participation in the Activity, including the administration of authorized medications, medical treatment and any consequences that may arise as the result of said treatment, including without limitation, travel to and from the Activity, housing, meals and collateral entertainment to the fullest extent permitted by law.

I certify to you that the information contained herein is true and correct to the best of my knowledge and that I fully understand the terms and legal consequences of my execution of this OFF-SITE CONSENT AND WAIVER FORM FOR YOUTH consisting of two (2) pages.

**SIGNATURE:**

Custodial Parent/Guardian Name (please print): \_\_\_\_\_

**Custodial Parent/Guardian Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**ALL PARTICIPANTS FOURTEEN YEARS OF AGE AND OLDER MUST READ AND SIGN THE STATEMENT BELOW**

I acknowledge that I agree to conduct myself in a manner consistent with the policies of the Youth and Young Adult Ministry and that failure to do so may result in my being required to leave the Activity, and not being allowed to participate in future programs or activities, at the discretion of the Youth and Young Adult Ministry.

**SIGNATURE**

**Participant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_