



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

Child's Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Parent/Guardian Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
Contact Phone \_\_\_\_\_

I, \_\_\_\_\_, grant permission for my child \_\_\_\_\_ to  
Name of Parent or Guardian Child's Name  
participate in this parish event. This activity will take place under the guidance and direction of parish employees  
and / or volunteers from Good Shepherd Parish  
Name of Parish

A brief description of the activity follows:

**Type of Event:** Confirmation Retreat  
**Date of Event:** January 26 through January 28, 2024  
**Destination of Event:** Palomar Christian Conference Center  
**Individual in Charge:** Good Shepherd Parish Youth Ministry Coordinator---Melissa Mina  
**Estimated Time of Departure and Return:** Departing at 4pm on 1/26/24 and returning at 11:30am on 1/28/24  
**Mode of Transportation To and From Event:** Charter Bus

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named  
Child. I agree on behalf of myself, my Child named herein, as well as our respective heirs, successors, and assigns,  
to hold harmless and defend Good Shepherd Parish, and The Roman Catholic  
Name of Parish

Bishop of San Diego, a corporation sole ("Diocese of San Diego"), and their respective clergy, officers, directors,  
employees, agents, volunteers, chaperones and representatives associated with the event, from any claim arising  
from or in connection with any illness or injury (including death) suffered by the above-named Child related to the  
above-referenced event, including the cost of medical treatment in connection therewith, and I agree to compensate  
the Parish, the Diocese of San Diego, and their respective clergy, officers, directors, employees, agents, volunteers,  
chaperones and representatives associated with the event for reasonable attorney fees and expenses which may incur  
in an action brought against them as a result of such injury or damage, unless such claim arises from the negligence  
or willful misconduct of the Parish or Diocese of San Diego.

**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 will 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: \_\_\_\_\_ Phone: \_\_\_\_\_  
Family Health Plan Carrier: \_\_\_\_\_  
Policy Number: \_\_\_\_\_

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

**OTHER MEDICAL TREATMENT:** In the event it comes to the attention of the parish, the Diocese of San Diego, its officers, directors, agents, volunteers, chaperones, and representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever or diarrhea, I want to be contacted.  
**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**MEDICATIONS: My child is taking medication at present.** My child will bring all medications necessary, and such medications will be well labeled. Names of medications and concise instructions for seeing that child takes such medications, including dosage and frequency of dosage is as follows:

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

**MEDICATIONS: CHOOSE ONE OF THE BELOW LISTINGS: (A OR B)**

A) 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.

A) **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

B) I hereby grant permission for nonprescription medication (such as child-safe pain relievers, throat lozenges, cough syrup) to be given to my child, if deemed available.

B) **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SPECIFIC MEDICAL INFORMATION**

The parish will take reasonable 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? \_\_\_\_\_

Any physical limitations? \_\_\_\_\_

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, H1N1, etc.? If so, date and disease or condition: \_\_\_\_\_

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

**PHOTO/VIDEO RELEASE**

I, \_\_\_\_\_, authorize \_\_\_\_\_  
Name of Parent or Guardian Name of Parish

of the Diocese of San Diego, its representatives, or volunteers, to photograph or record on audio or video (tape or digital)

\_\_\_\_\_ for purposes of furthering the mission of Youth Ministry, in this  
specific Child's Name

case, the creation of publication materials for participants in \_\_\_\_\_ . Photos,  
Event and Date

audio, or video may be used in printed materials and any other visual display or media. I understand that such photos and/or video recordings will be used for \_\_\_\_\_ related purposes and will not

Name of Parish

be used for any commercial purpose whatsoever. I therefore hereby waive any kind and all rights I may have for remuneration of any kind that could otherwise accrue for the uses of such photos and/or audio or video recordings.

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

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