

# ST. FRANCIS DE SALES

CATHOLIC CHURCH

<p style="text-align: center;"><b>PARTICIPANT INFO:</b></p> <p>Last Name: _____</p> <p>First Name: _____</p> <p>Email: _____</p> <p>Birthday: _____ Grade: _____</p> <p>Cell Phone: _____</p>	<p style="text-align: center;"><b>Jesus Jam! October 29, 2017</b></p> <p style="text-align: center;"><b>LIABILITY WAIVER (one per student):</b></p> <p>I _____ (parent/legal guardian), grant permission for my son/daughter _____ (LEGAL first &amp; last name),</p>
<p style="text-align: center;"><b>PARENT/GUARDIAN INFO:</b></p> <p>Last Name: _____</p> <p>First Name: _____</p> <p>Email: _____</p> <p>Cell Phone: _____</p>	<p>to participate in this parish youth ministry event, that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of Parish employees and/or volunteers from Transfiguration Youth Ministry. As parent/legal guardian, I remain legally responsible for any personal actions taken by my son/daughter named above. I agree on behalf of myself, my son/daughter named herein, our heirs, successors, and assigns to hold harmless and defend Transfiguration Youth Ministry, its officers, directors, agents, and the Diocese of Charleston from any liability for illness, injury or death arising from or in connection with my son's/daughter's attending the above named activity/event. I hereby grant permission for publication of group (two or more persons) photos taken at youth events. Furthermore, I agree that if the above name student's behavior is in appropriate, unsafe and/or detrimental to the group, I will be contacted immediately to secure means of removing my child/guardianship from the event premises. I understand that any financial costs incurred as a result of my child/guardianship being sent home are my responsibility.</p>
<p style="text-align: center;"><b>EMERGENCY CONTACT</b></p> <p>Last Name: _____</p> <p>First Name: _____</p> <p>Email: _____</p> <p>Cell Phone: _____</p>	<p><b>MEDICAL CONSENT:</b> To the best of my knowledge, my child, is in good health, and I assume all responsibility for the health of my child. In the event of an emergency, I give permission to transport my child to a hospital for emergency treatment. I wish to be advised prior to any further treatment by the hospital or doctor. I hereby grant medical personnel permission to release medical information to the Diocesan Director and/or my parish youth minister in the event that my youth becomes ill or injured. I hereby grant permission for non-prescription medication (such as cough drops, cough syrup, Tylenol, etc) to be given to my child if necessary. In signing this agreement, I hereby acknowledge and represent that I have read this entire document, that I understand its terms and provisions, that I understand it affects my legal rights as well as, if applicable, those of my child, that it is a binding agreement, and that I have signed it knowingly and voluntarily.</p>
<p style="text-align: center;"><b>HEALTH INFORMATION:</b></p> <p>Participant's Allergies (including meds and foods)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Participant's Chronic Medical Problems (e.g. diabetes, epilepsy, seizures)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Current Medication and Dosage (prescription &amp; over the counter if needed for this trip)</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Signature of Parent/Guardian _____</p> <p>Printed Name _____</p> <p>Date _____</p>