Saint Anthony Claret Catholic Church

PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER
MIDDLE SCHOOL YOUTH GROUP

Participant's Name: _____ Birth Date: _____ Gender: _____

Access to Facebook: ____ Yes ____ No

Participant's e-mail: _____ Participant's cell phone: _____

Parent/Guardian's name: _____

Home Address: _____

Parent/Guardian's e-mail: _____

Home phone**:** _____(Cell? Y/N) Cell phone: ( ) _____

Emergency Phone: ( )_____

Activity: Middle School Youth Group gatherings
Meeting days: *Saturdays (check youth group calendar)*
Place of event: Saint Anthony Mary Claret Church- Parish Hall
Time: We'll meet after the 5pm Mass (6pm to 8pm)
****each parent is responsible for the transportation of their teens ****

In order to insure that the youth group meetings will be enriching and enjoyable, I understand that I will be expected to:
1. Behave in a moral and Christian manner respecting myself and the rights of others.
2. Refrain from leaving the group without informing my chaperones.
3. Refrain from bringing and /or using drugs, alcohol or tobacco.
4. Refrain from bringing any kind of weapons such as guns, knives, sharp-pointed instruments, etc.

I understand that breaking any of these rules will terminate my participation and will require that my parents pick me up immediately.
Participant's signature _____ Grade _____ School_____

I grant permission for my son/daughter,_____, to participate in the parish Middle School youth group. This activity will take place under the guidance and direction of parish employees and/or volunteers from *St. Anthony Mary Claret Catholic Church.*

I, also consent to the use by of any videotapes, photographs, social media, slides, audiotapes, or any other visual or audio reproduction in which my child may appear. I understand that these materials are being used for promotion of the youth ministry of Saint Anthony Claret Catholic Church. Such promotional activities extend to recruitment, fund-raising, advocacy, etc.

As parent and/or legal guardian, I remain legally responsible for the 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 St. Anthony Mary Claret Parish, its officers, directors and agents, and the Archdioceses of San Antonio, chaperons, 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 or death arising from or in connection with my child attending the above named event, and I agree to compensate the parish, its officers, directors and agents, and the Archdiocese of San Antonio, chaperones, or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

Parent/Guardian Name (PRINT) _____

Signature: _____ Date: _____

PLEASE FILL OUT THE REVERSE SIDE OF THIS FORM

Saint Anthony Claret Catholic Church

MEDICAL CONSENT AND PERMISSION TO TREAT

My child is in the care of St. Anthony Claret Youth Ministry Program for the purpose of this activity: Youth group activities (in the parish and out of the parish)

I am giving medical permission and consent to treat.

To the best of my knowledge, son/daughter, _____, 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.
Parent/guardian's name: _____
Home/Address: _____
Primary phone: _____

If you are unable to reach me, please contact:
Name & relationship to child:
Phone:

PLEASE INCLUDE A PHOTOCOPY OF YOUR INSURANCE CARD, FRONT AND BACK.

Insurance Carrier: _____Policy Number: _____

My son/daughter is taking medication and will bring all medication with him/her and it will be clearly labeled. My son/daughter is taking the following medication(s) and directions for taking this medication, including dosage, frequency and storage are as follows:
_____
_____

I hereby grant permission for non-prescription medication (such as cough drops, cough syrup, Tylenol, etc.) to be given to my child if necessary. I understand that aspirin will not be given to my son/ daughter without my express permission: I grant such permission ____Yes ____ No.

My son/daughter is allergic to the following: _____
My son/daughter's immunizations are current and up to date ____Yes ____ No.
My son/daughter has the following limitations: _____
My son/daughter experiences homesickness, emotional reactions to new situations, sleepwalking, fainting, bedwetting, etc. ____Yes ____ No. Please explain: _____
_____
_____

Parent/Guardian Name (PRINT) _____

Signature: _____ Date: _____

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