Archdiocese of Miami
Office of Youth & Young Adult Ministry
Parental/Guardian Consent Form, Liability Waiver & Medical Consent

Please print legibly.

Youth Participant's Name: _____ Date of Birth:_____

Address: _____ City/State/Zip _____

Home Phone: _____ Male Female (circle one)

Parent/Guardian's Name: _____Cell Phone: _____

Work Phone: _____ Other Phone where can be reached during event: _____

Emergency Contact Name: _____ Phone: _____

CONSENT & LIABILITY WAIVER

Important! To be filled out by the Parent/Guardian for youth under 18 years of age & individuals age 18 or older and in high school.

I, as parent or guardian of my son/daughter, do hereby agree to allow my son/daughter to participate in the following program:

Event & Location: Cave Quest - 2016 VBS @ The Basilica of Saint Mary Star of the Sea

Date & Time: July 11-15 5:30pm-7:30pm

Method of Transportation: Parent Provided

I acknowledge that n/a is providing transportation only from the Church's property to and from the event. I acknowledge and assume the risk of this transportation for my child. My child must comply with the The Basilica of Saint Mary rules and procedures. By granting this permission, I also waive any claims against, and release and hold harmless and indemnify, The Basilica of Saint Mary & the Archdiocese of Miami, and any of their religious, employees, volunteers, agents and representatives from any liability, claims, demands and causes of action arising out of or relating to any loss, damage or injury sustained in connection with or arising out of my child's participation in the program.

_____ _____

Parent/Guardian Signature Date

YOUTH PARTICIPANT: In signing the line below I agree to abide by any/all policies established for this event/activity. Should I not be able to maintain the guidelines and expectation of the adults and my peers, I understand that there will be consequences for my actions, including being removed from the activity and begin sent home at my parent/guardian's expense.

_____ _____

Youth Participant's Signature Date

Continued on back-please complete BOTH sides of this form

MEDICAL MATTERS

I hereby warrant to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Medical Conditions Information:

My son/daughter

- Is allergic to the following medications: _____
- Is allergic to the following foods, dyes, or other substances: _____
- Has had a medical surgery within the last six months? ___ Yes ____ No Still under doctor's care? ___ Yes ___ No
- Has a medically prescribed diet *(please explain)*: _____
- Has the following physical limitations: _____
- Immunizations current? ___ Yes ____ No Date of last tetanus/diphtheria immunization: _____
- You should be aware of these special medical conditions of my child: _____
  _____

Medications

I hereby **Grant Permission** for my child to be given the following provided medications. My child will bring all such medications, well labeled. Any/all prescription medications must be in original pharmacy container with child's name on the label. Non-prescription medications must be in original container with child's name on the container. _____ ***Please initial.***

Names of medications and concise administration directions, including dosage and frequency, are as follows:

Medication: _____ Dosage: _____ Administer: _____
Medication: _____ Dosage: _____ Administer: _____
Medication: _____ Dosage: _____ Administer: _____
Medication: _____ Dosage: _____ Administer: _____
Medication: _____ Dosage: _____ Administer: _____

Emergency Medical Treatment

In the event of an emergency, I hereby give permission to transport my child to a hospital/clinic for emergency medical or surgical treatment.

Child's Doctor: _____ Phone #: _____

Address: _____ City/State/Zip: _____

Insurance Information ☐ **I do not carry medical insurance at this time.**

Insurance Carrier: _____ Phone Number: _____

Policy Number: _____

Participant/Member Name: _____

In the event that participant does not have insurance, payment in full for medical care becomes the responsibility of the participant's parent/guardian.

I fully understand the foregoing statements and sign this Parental/Guardian Consent Form, Liability Waiver & Medical Consent knowingly, freely and willingly.

_____ _____
Parent/Guardian Signature Date

_____ _____
Participant Signature (if participant 18 years age of age or older) Date