

SACRED HEART YOUTH MINISTRY

Waiver of Liability and Agreement to Hold Harmless

Permission for the administration of emergency medication (EpiPen) in case of a potentially life threatening condition, **WHEN THE PARENT/GUARDIAN IS NOT ON THE PREMISES.**

Child's Name: _____ DOB: _____

Parish: _____ City/Town: _____

HEALTH CARE PROVIDER:

Diagnosis: _____

Name of Medication: _____

Dosage: _____

Possible Side Effects: _____

I certify that the child named above has allergies that are potentially life-threatening, and needs the administration of an EpiPen in case of emergency.

Name of Health Care Provider (PRINT): _____

Signature of Health care Provider: _____

Address: _____

Phone: _____ Date: _____

PARENT/GUARDIAN:

I acknowledge that my child, _____, has an allergy to _____ and needs an EpiPen for this condition, in case of emergency. I also acknowledge, the parish of _____ DOES NOT have a nurse OR trained staff member on the premises to administer an EpiPen during regular youth ministry activities/events. I, _____ (parent) will not be present in the building during religious education hours, if an emergency should arise.

I understand that the Diocese of Metuchen, the parish of _____, and any and all of their representatives or agents shall incur no liability in case of emergency. I understand 911 will be called and my child will be transported to the local hospital. It is my obligation to provide the Parish Religious Education Office with working telephone numbers where I can be reached at all times, and my responsibility to attend to my child once the emergency squad leaves the parish program. I will indemnify and hold harmless the Diocese of Metuchen, the parish of _____ and any and all of their representatives or agents against all claims arising from a situation that may arise with my child and his/her allergic condition.

Signature of Parent/Guardian: _____ Date: _____

Phone: _____ Cell: _____ **EFFECTIVE FOR ONE (1) YEAR**