

PARENT/GUARDIAN CONSENT/RELEASE FORM

Youth Group Hike and Ice Cream Panhandle Trail

(meet at McDonald Trail Station parking lot, 161 S. McDonald St., McDonald, PA)

Sunday, September 13, 2020

6:00 p.m.- 8:00 p.m.

NAME	AGE	HOME PARISH

ADDRESS	CITY	STATE	ZIP	PHONE

RSVP TO: St. Isidore the Farmer Parish by Thursday, September 10, 2020

724-695-7325

or parish@stisidorethefarmer.org

**PLEASE BRING PERMISSION FORM ALONG WITH
DIOCESE'S "COVID-19 MEMORANDUM OF UNDERSTANDING"**

(which can be found at <https://www.stisidorethefarmer.org/high-school-youth-group>)

WITH YOU ON SUNDAY

Please practice social distancing!

If you would like your child to participate in this event, please complete, sign, and return the following statement of consent and release of liability. As a parent or legal guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by the named student.

I/We, the parents /guardians of the above mentioned child, do hereby give permission for my/our child to participate in Youth Group Hike and Ice Cream I/We understand that this event will take place away from the parish grounds and that my/our child will be under the supervision of the designated parish employee and volunteers on the stated date.

Date _____ Parent/Guardian Signature _____

Date _____ Parent/Guardian Signature _____

MEDICAL AUTHORIZATION

I/We hereby release and forever discharge the Diocese of Pittsburgh, St. Isidore the Farmer Parish and designated chaperones from any/all actions or suits in law or equity which we might hereafter have by reasons of injuries sustained by my/our son/daughter participating in the above mentioned activity. In case of injury, illness, or emergency, I/we give permission for our child to be treated at a hospital and/or by a medical doctor.

In case of emergency, contact this phone number _____

If I/we are unavailable, contact (name/relationship) _____

phone _____

Insurance Company _____ Policy Number _____

Date _____ Parent/Guardian Signature _____

Date _____ Parent/Guardian Signature _____

PLEASE COMPLETE BOTH SIDES OF THIS FORM

CONSENT TO TREAT

I/We the undersigned parent (s) /guardian (s) of _____, a minor, do hereby authorize treatment of my/our child by a licensed medical physician in case of any accident or illness that may so arise, or any hospitalization necessary,

Date _____ Parent/Guardian Signature _____

Date _____ Parent/Guardian Signature _____

MEDICAL MATTERS: I/We hereby warrant that to the best of my/our knowledge, my/our child is in good health, and I/we assume all responsibility for the health of my/our child.

Of the following statements pertaining to medical matters, sign only those in accordance with your wishes.

1. **Medications:** My/our child is taking medication at present. My/our child will bring all such medications necessary, and such medications will be well labeled and presented to the adult in charge. My/our child will administer his/her own medication.

Date _____ Parent/Guardian Signature _____

Date _____ Parent/Guardian Signature _____

2. I/We hereby grant permission for nonprescription medication (such as Tylenol[®], or throat lozenges) to be given to my child, if deemed advisable.

Date _____ Parent/Guardian Signature _____

Date _____ Parent/Guardian Signature _____

3. No medication of any type whether prescription or nonprescription may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Date _____ Parent/Guardian Signature _____

Date _____ Parent/Guardian Signature _____

Any known allergies? _____

Any physical limitations? _____

Any medically prescribed dietary needs? _____

PHOTOGRAPHIC RELEASE LETTER

I/We hereby grant to the Diocese of Pittsburgh, St. Isidore the Farmer Parish, and their respective licenses, successors and assigns, the right and permission, with respect to those photographs taken of me/us or the minor named below on whose behalf I am signing, and with respect to any printed or electronic matter in connection therewith, to do the following:

- To include such photographs on the Diocese of Pittsburgh and or St. Isidore the Farmer Parish websites and on print material
- To use my/our names, or the name of the minor on whose behalf I/we are signing, in connection with the foregoing.

I/We hereby release, discharge and agree to indemnify and hold harmless the Diocese of Pittsburgh and or St. Isidore the Farmer Parish and their legal representatives, licenses, successor and assigns from all claims and demands whatsoever arising out of or in connection with the foregoing and waive any right to inspect or approve the same.

I/We certify that I /we am/are the parent (s)/guardian (s) of _____, a minor under the age of eighteen years, and hereby consent of behalf of said minor to the use of any of the photographs taken of said minor pursuant to the terms set forth in this Photographic Release, including, without limitation, the release, discharge, and hold harmless provision thereof.

Date _____ Parent/Guardian Signature _____

Date _____ Parent/Guardian Signature _____

If you do not give permission for names or photographs to be used in any of the ways stated above, check the box, date, and sign.

Date _____ Parent/Guardian Signature _____

Date _____ Parent/Guardian Signature _____