

Camper's Name: _____

2021 Emmaus Parental/Guardian Consent, Liability, and Medical Waiver
PLEASE COMPLETE A SEPARATE FORM FOR EACH PERSON – ONE FORM PER CAMPER/ADULT VOLUNTEER

LIABILITY

I, _____ grant permission for my child (or self),
_____, to participate in this parish event that requires transportation to a location away from the parish/school site. This activity will take place under the guidance and direction of parish employees and/or volunteers from the Diocese of Sioux City. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named minor ("camper").

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Diocese of Sioux City, its officers, directors, employees, chaperones, representatives, and agents associated with the event, from any claim arising from or in connection with my child (or self) attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Diocese of Sioux City, its employees and agents and chaperones, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/diocese.

Signature: _____ Date: _____

MEDIA PERMISSION OR OBJECTION

During camp sessions, pictures will be taken and may be used in print or electronic media for the purposes of marketing future events. Parents and legal guardians will have the opportunity to opt a camper or volunteer out of such exposure by completing the "2021 EMMAUS Media Objection Notice Form". The form must be completed and submitted, along with your other forms, to your Parish Contact Person, before June 22, 2021. The Diocese of Sioux City will recognize only those options to "opt out" that is received in writing and makes no representations regarding media access to such campers or volunteers other than the Diocese of Sioux City, will use reasonable measures to ensure that any camper who has exercised such an option is not exposed to media coverage. If a camper or volunteer appears in a photo and cannot be specifically identified in the picture, the Diocese of Sioux City may use the picture for marketing future events.

Pictures that specifically identify my child (or self) taken during the event may be used in print or electronic media for the purpose of marketing future events.

Signature: _____ Date: _____

If you do not consent, please complete and submit the "2021 EMMAUS Media Objection Notice Form" to your Parish Contact Person, before June 22, 2021. This form can be downloaded at: <https://scdiocese.org/emmaus>.

PARENTS -- Please turn these forms into your Parish Contact Person before June 22, 2021.

Camper's Name: _____

MEDICAL MATTERS:

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

Emergency Medical Treatment: I hereby give permission to transport my child (or self) to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, please contact me:

_____ Cell Ph: _____ Work Ph: _____ Home Ph: _____
Name

_____ Cell Ph: _____ Work Ph: _____ Home Ph: _____
Name

In the event of an emergency, if you are unable to reach me at the above numbers, please contact:

Name & Relationship _____ Phone Number _____

Family Doctor _____ Phone Number _____

Family Health Plan Carrier _____ Policy Number _____

Other Medical Treatment: In the event it comes to the attention of the parish, its officers, directors and agents, and the Diocese of Sioux City, chaperones, or representatives associated with the activity that my child (or self) becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called. Please Initial: _____

Medications: My child (or self) is taking medication at present. Yes _____ No _____
My child (or self) will bring all such medications necessary, and such medications will be in the original container and well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

Choose One & Initial:

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

_____ I hereby grant permission for non-prescription medication (such as non-aspirin products, i.e. acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child (or self), if deemed appropriate.

Specific Medical Information: The diocese will take reasonable care to see that the following information will be held in confidence. Please list allergic reactions (medications, foods, plants, insects, etc.) _____

Date of last tetanus/diphtheria immunization: _____

Does child (or self) have a medically prescribed diet? _____

Any physical limitations: _____

Is the child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting?

I certify, by my signature, that the information I provided on this form is true and accurate, to the best of my knowledge.

Signature: _____

Date: _____

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