

Holy Spirit Youth Ministry Liability Form

MEDICAL INFORMATION AND PARENTAL/GUARDIAN CONSENT FORM/LIABILITY WAIVER

Participant's name: _____ Date of birth: _____

Gender: _____ Grade: _____ Parent/Guardian's name: _____

Home address, City, State, Zip: _____

Home phone: _____ Business phone: _____ Cell Phone: _____

Email address: _____

I, _____ grant permission for my child, _____ to participate in any event organized by Holy Spirit Parish between and including the dates of July 1, 2021 and June 30, 2022. If the event is offsite, I also grant permission for my child to be transported by any means of official transportation organized by Holy Spirit Parish or their representatives.

As parent and/or legal guardian, I remain legally responsible for any 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 Holy Spirit Parish and its officers, directors, employees, chaperones and agents, and the Diocese of Green Bay, its employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my child 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/school, its officers, directors and agents, and Diocese of Green Bay 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/school or the Diocese of Green Bay.

Signature: _____ Date: _____

MEDIA RELEASE: This authorization form constitutes permission for my child(ren)'s participation in videotaping and/or photographs which may be taken during the program/trip. These could be used for further promotional videos, website promotions, fliers, or other diocesan or parish appropriate uses.

Signature of Parent/Guardian _____

COVID 19 Related: If your child(ren) or immediate family members exhibit any symptoms of COVID-19 (including cold, flu or allergy symptoms or if you have a fever or a cough) please stay home. Your son/daughter is freely choosing to attend Holy Spirit Parish event(s), knowing the health risks present with the current environment.

Signature of Parent/Guardian _____

BOTH SIDES MUST BE COMPLETED →

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health and I assume all responsibility for the health of my child. *(Of the following statements pertaining to medical matters, sign only those that are applicable.)*

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I hereby give permission to transport my child 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, if you are unable to reach me at the above numbers, contact:

Name & relationship: _____ Phone: _____

Child's Family doctor: _____ Phone of Doctor: _____

Family Health Plan Carrier: _____ Policy #: _____
(Plan and Policy # must be filled in- thank you for your cooperation)

Signature: _____ **Date:** _____

By completing this form, I agree that if any information submitted in this form changes between July 1, 2021 and June 30, 2022, it is my responsibility to notify the Youth Ministry Office so they can update the relevant information.

Medications: My child is taking medication at present. My child will bring all such medications necessary and such medications will be 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:

Signature: _____ **Date:** _____

Please check ONE of the Following:

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 (i.e. non-aspirin products such as acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: _____ **Date:** _____

Specific Medical Information: The parish/school will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.): _____

Does child have a medically prescribed diet? _____

Does child have any physical limitations? _____

You should be aware of these special medical conditions of my child:

Parental/Guardian Statement of Intent for the Use of Social Communications and Personal Representation

CERTIFICATION, ACKNOWLEDGEMENT AND AUTHORIZATION FOR CONSENT AND RELEASE FORM FOR SOCIAL MEDIA OR OTHER ELECTRONIC COMMUNICATION INVOLVING MINORS AND INDIVIDUALS AT RISK

I am the parent or legal guardian of _____ (full name of minor/individual at risk).

_____ I certify that he/she is at least 13 years old. OR _____ I certify that he/she is less than 13 years old.

I have been made aware of the Safe Environment Social Communications Policy & Guidelines for the Diocese of Green Bay. (Policy can be found at <http://holyspirit-parish.org/youth-ministry/>)

Permission for ministry representatives to digitally communicate with your minor/individual at risk

<input type="checkbox"/> Yes, I authorize... <input type="checkbox"/> No, I do not authorize...	communication with my minor/individual at risk electronically, including via social media or other digital means, in accordance with the Safe Environment Social Communications Policy for the Diocese of Green Bay by staff ministry representatives of or diocesan-affiliated ministry representatives of the Diocese of Green Bay.
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Parental access

<input type="checkbox"/> Yes, I request... <input type="checkbox"/> No, I waive...	access any communication or content involving my minor/individual at risk according to the archive, access and availability guidelines established by .
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Multimedia release

<input type="checkbox"/> Yes, I do... <input type="checkbox"/> No, I do not...	authorize and consent that , the Diocese of Green Bay and anyone authorized by or Diocese of Green Bay be permitted to use and publish for general communications, advertising, commercial and publicity purposes, the likeness of my minor/individual at risk and their original work for any other lawful purpose whatsoever, including video, audio, photographic portraits, pictures, reproductions, quotations, made through any medium, including social or other electronic media, in accordance with the Safe Environment Social Communications Policy for the Diocese of Green Bay.
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This statement of intent, and if indicated - consent, is valid until revoked. If I choose to rescind my consent to the Authorization, I agree that I will inform the Youth Ministry Department of Holy Spirit Parish in writing and that my rescission will not take effect until it is received by Youth Ministry Department of Holy Spirit Parish. I understand however that it may not be possible to recall any work or photos that have been published prior to receipt of my written rescission.

I have read this certification, acknowledgement, statement of intent and if indicated, release, and have had the opportunity to consider its terms, and understand it. I execute it voluntarily and with knowledge of its significance.

Parent/Guardian Name (please print): _____

Signature of Parent/Guardian: _____ Date: _____