

## **Youth Ministry Liability Form October 2024- July 2025**

### **PARENT/GUARDIAN CONSENT FORM AND LIABILITY WAIVER**

Participant's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Sex: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Home Parish: \_\_\_\_\_

Home Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Parent/Guardian 1 Name: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Parent/Guardian 1 Email: \_\_\_\_\_

Parent/Guardian 2 Name: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Parent/Guardian 2 Email: \_\_\_\_\_

I, \_\_\_\_\_ grant permission for my child, \_\_\_\_\_ to participate in any event

*Parent or guardian's name*

*Child's name*

organized by St. Jerome Parish between and including the dates of October 2024 and July 2025. If the event is offsite, I also grant permission for my child to be transported by any means of official transportation organized by St. Jerome 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 St. Jerome Parish its officers, directors and agents, and the Archdiocese of Milwaukee, its employees and agents, chaperones, or representatives associated with the event, 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, its officers, directors and agents, and the Archdiocese of Milwaukee, chaperones, or representative associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\* By entering my full name, I attest that this constitutes my legal electronic signature on this form.

**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.

**In case of emergency and/or hospital transport:**

Child's Family doctor: \_\_\_\_\_ Phone of Doctor: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Cardholder's Name: \_\_\_\_\_

Member ID: \_\_\_\_\_ Group #: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**EMERGENCY MEDICAL TREATMENT:** In the event of an emergency, I 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, please contact:**

Emergency Contact Name & relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**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:**

☐ I hereby grant permission for non-prescription medication (such as acetaminophen/ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

☐ 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.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Specific Medical Information:** The parish 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? \_\_\_\_\_

Please list any other special needs or medical conditions of your child: \_\_\_\_\_

**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.

Parent/Legal Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

By completing this form, I agree that if any information submitted in this form changes between October 2024 and July 2025, it is my responsibility to notify St. Jerome Parish so they can update the relevant information.

+ St. Jerome Parish +  
995 S Silver Lake St, Oconomowoc WI