



Parental /Guardian Consent Form and Liability Waiver

Our Lady of Mt. Virgin

188 MacArthur Ave., Garfield (973)772-2295

(Please Print)

Name _____ M _____ F _____ DOB _____

Address _____ City _____ Zip _____

Phone _____ Email _____

Parish _____ Youth Minister Fr. Bismarck Chau

School _____ Grade in school _____

I, (parent or guardian) _____, grant permission for my child to participate in the **Joyful Noise! Weekend Retreat** to be held at **Bethany House-Munsee, Branchville, NJ** (Date): **March 5,6,7, 2010**. For value received, I agree on behalf of myself, my child's other parent if known or living (name of parent)

_____ my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the coordinators, volunteers and employees of Our Lady of Mt. Virgin parish, and chaperones or representatives associated with the "Program" with respect to any and all actions, claims or demands that may be made or brought against the coordinators, volunteers and employees of Our Lady of Mt. Virgin parish, and chaperones or representatives associated with the "Program", arising from or in connection therewith, and I agree to compensate coordinators, volunteers and employees of Our Lady of Mt. Virgin and chaperones or representatives associated with the "Program" for reasonable attorney's fees and expenses arising in connection therewith.

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 in accordance with your wishes. (number 1 must be signed in order to participate)*

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to its Youth Coordinators, volunteers and employees of OLMV, and chaperones or representatives associated with the "Program" 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 and RELATIONSHIP: _____

Telephone: _____ Other #'s: _____

FAMILY DOCTOR: _____ Telephone: _____

FAMILY HEALTH PLAN CARRIER: _____

Policy Number: _____

(1) Signature: _____ Date: _____

Other Medical Treatment: In the event it comes to the attention of Youth Coordinators, volunteers and employees of OLMV and chaperones or representatives associated with the "Program", that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with telephone charges reversed to myself).

(2) 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 frequencies of dosage are as follows:

(3) Signature _____ Date: _____

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.

(4) Signature _____ Date: _____

I hereby grant permission for non-prescription medication (such as aspirin, throat lozenges, cough syrup) to be given to my child, if deemed advisable.

(5) Signature: _____ Date: _____

The coordinators 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? _____

Any physical limitations? _____

You should also be aware of these special medical conditions of my child _____

I fully understand the consequences of the foregoing statements and sign this PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER knowingly, freely, and willingly. (Your signature must appear below or your child will not be permitted to attend the "Program")

(6) Signature: _____ Date: _____

USE OF PHOTOS: I hereby grant permission to use photos or videos of my child taken during program activities, or quotations from my child for future program promotion purposes.

(7) Signature: _____ Date: _____