

**ATHLETIC AND SPORTING EVENTS**  
**PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER**

Child/Ward Name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Sex: \_\_\_\_\_

Parent/Guardian's name: \_\_\_\_\_

Home address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

I, \_\_\_\_\_, grant permission for my Child/Ward, \_\_\_\_\_,  
(Parent or Guardian's name) (Child/Ward Name)  
to participate in this parish/school activity that may require transportation to a location away from the parish/school site. This activity will take place under the guidance and direction of parish/school employees and/or volunteers from \_\_\_\_\_. A brief description of the activity follows:  
(Name of Parish/School)

Type of event: \_\_\_\_\_

Location(s): \_\_\_\_\_

Individual in charge: \_\_\_\_\_

Duration of activity: \_\_\_\_\_

Mode of transportation to and from event: \_\_\_\_\_

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 Parish/School, its officers, directors and agents, and Bishop of Charleston a Corporation Sole, coaches, chaperons, 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 or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and Bishop of Charleston a Corporation Sole, affiliates of the Bishop of Charleston, coaches, chaperons, or representatives associated with the activity for reasonable attorney's fees and expenses arising in connection therewith.

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

**PHOTOGRAPH/PRESS RELEASE:** I realize that photographs, videos, written extractions, and voice recordings of program participants may be taken during various activities for the purpose of illustrations, publications, and websites.

I hereby authorize and give full consent to \_\_\_\_\_  
(Name of Parish/School)

To publish and copyright all photographs, videos, written extractions, and voice recordings in which my child appears while enrolled as a participant in the \_\_\_\_\_  
(Name of Event)

I do not consent to the photographs, videos, written extractions, and voice recordings release.

**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: \_\_\_\_\_

Family doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Health Plan Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

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

**Other Medical Treatment:** In the event it comes to the attention of the parish, its officers, directors and agents, and Bishop of Charleston a Corporation Sole coaches, chaperons, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reversed to myself).

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: \_\_\_\_\_

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.

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

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, if deemed appropriate.

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

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

Allergic Reactions (medications, foods, plants, insects, etc.): \_\_\_\_\_

Immunizations: Date of last Tetanus/Diphtheria Immunization: \_\_\_\_\_

Does the child have a medically prescribed diet?: \_\_\_\_\_

Any physical limitations? \_\_\_\_\_

Has the child been exposed to a contagious disease or condition, such as mumps, measles, chickenpox, etc.? If so, list the date and disease or condition: \_\_\_\_\_

Please list any medical conditions the Parish/School should be aware of: \_\_\_\_\_

*This FORM supercedes all other documents/permissions signed by parents/guardians and third parties.*