

YEARLY PARENT/GUARDIAN PERMISSION AND HEALTH HISTORY FORM

Participant's Name _____ Sex _____ Birthdate __/__/__ Age _____
Parish _____ City _____ Grade Level _____
Parent/Guardian _____
Address _____ City _____ Zip _____
Phone _____

I agree on behalf of myself, my heirs, successors, executors, personal representatives and assign to protect, indemnify, save, and hold harmless the Diocese of Corpus Christi, and _____ parish, and their officers, directors, agents employee, or representatives associated with the parish youth program from all damages, claims, suits, expenses and payment on account of or resulting from conditions stated on or resulting from any such injury, death, or damage to property, including resulting from the negligence of the Diocese of Corpus Christi, and parish, and/or their officers, directors, and employees arising from or in connection with my attending youth ministry events
beginning January 1, 20__ and continuing through December 31, 20__.

In the event that any legal action is taken by either party against the other party to enforce any of the terms and conditions of this agreement, it is agreed that the unsuccessful party to such action shall pay to the prevailing party therein all court costs, reasonable attorneys fees and expenses incurred by the prevailing party.

Signature _____ Date _____

In an **EMERGENCY**, if unable to reach parent/guardian, contact:

Name _____ Phone _____

Name _____ Phone _____

Family Doctor _____ Phone _____

Family Health Plan Carrier _____ Policy # _____

Special Information – All information will be held in strict confidence.

Allergic Reaction (plant, insect, food, medicines) _____

List Allergies _____ Type of Reaction _____

Does child require a medically prescribed diet? ____ If yes, explain _____

Any physical limitations? ____ If yes, explain _____

Other special medical conditions: _____

In the event it comes to the attention of the parish, its officers, directors and agents, and the Diocese of Corpus Christi, chaperons, or representatives 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).
Yes ____ No ____

Continued on back

We do not wish to give any medical treatment to your son/daughter against your wishes or family practice. Please read each of the following statements carefully and sign only those in accord with your wishes:

Medications: My child is taking medications 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:

Parent/Guardian signature (required for dispensing any medication)

Signature _____ Date _____

Non-Prescription Medications: I hereby grant permission for non-prescription medications (e.g. Tylenol, throat lozenges, cough syrup) and routine non-surgical medical care to be given to my child if deemed advisable by supervising personnel.

Signature _____ Date _____

I do not want ANY type of medication administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature _____ Date _____

IN CASE OF AN EMERGENCY, I hereby give permission to transport my child to the nearest hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

Signature _____ Date _____

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, its officers, directors, employees and agents, and the Diocese of Corpus Christi, its employees and agents, chaperons, or representatives associated with the youth program, 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, its officers, directors and agents, and the Diocese of Corpus Christi, its employees and agents and chaperons, or representatives associated with the parish or diocese for reasonable attorney's fees and expenses which may incur in any action brought against them as result of such injury or damage, unless such claim arises from the negligence of the parish/diocese.

Legal Guardian Signature

Date