



Parent/Guardian Consent Form and Liability Waiver  
Diocese of Wheeling-Charleston  
Office of Youth & Young Adult Ministry  
P.O. Box 230  
Wheeling, WV 26003

This consent form must be submitted at the registration table

Participant's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of last Tetanus Shot: \_\_\_\_\_

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

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent's Cell Phone: \_\_\_\_\_

I, \_\_\_\_\_, grant permission for my child, \_\_\_\_\_  
Parent/Guardian's Name Child's Name

to participate in this Office of Youth Ministry event. This activity will take place under the guidance and direction of volunteers from the Youth Ministry Office. A brief description of the activity follows:

**Type of event: Camp Bosco 2019**

**Destination of event: Huttonsville, WV**

**Individuals in charge: Office of Youth and Young Adult, Anne Madden and Camp Staff**

**Estimated time: Drop off is Sunday between 2:00pm-4:00pm. Pick up is Saturday at 10:00am**

**Mode of transportation to and from event: OWN**

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 The Youth Ministry Office, its officers, directors and agents, and the Diocese of Wheeling-Charleston, 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 or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors, and agents, and the Diocese of Wheeling-Charleston, chaperone or representative associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

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

***Please see back of page for additional information to be filled out by parent or guardian***

PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

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#: \_\_\_\_\_

Other Medical Treatment: In the event it comes to the attention of the Youth Ministry Office, its officers, directors and agents, and the Diocese of Wheeling-Charleston, chaperone or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, etc.

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: \_\_\_\_\_

----- OR -----

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

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

Specific Medical Information: The Youth Ministry Office will take reasonable care to see that the following information will be held in confidence:

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

Immunizations: **Date of last tetanus/diphtheria immunization:** \_\_\_\_\_

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

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

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting? \_\_\_\_\_

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

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