



Blacklight Dodgeball

Return this form and \$5.00 by Wednesday, January 16, 2019!

Parental/Guardian Consent Form and Liability Waiver Requirement of the Diocese of St. Cloud

Participant's Name: _____

Date of Birth: _____ Male/Female (circle one)

Parent/Guardian's name: _____

Home address: _____

Home phone: _____ Cell/Business phone: _____

I, _____ grant permission for my child, _____ to participate in this parish event that requires transportation to a location away from the parish site. Transportation to this activity will take place under the guidance and direction of parish volunteers from St. Mary's Parish, Milaca, MN, and St. Louis Parish, Foreston, MN.

A brief description of the activity follows:

Type of event:	Blacklight Dodgeball
Date:	January 19, 2019
Time:	Begins at 6:00 p.m. - Ends at 9:00 p.m.
Destination:	Christ the King Catholic Church, Cambridge, MN
Individuals in charge:	Volunteers from St. Louis and St. Mary's Parishes
Estimated departure time:	5:40 p.m. Saturday, January 19, 2019, from St. Mary's, Milaca
Estimated return:	9:20 p.m. Saturday, January 19, 2019, to St. Mary's, Milaca
Mode of transportation to and from event:	North Central Transportation (school bus)

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor. Appropriate behavior is expected of my child while on this event and I understand if inappropriate behavior occurs, my child will be removed from the activity and I will be called to determine further action.

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. Mary's Church of Milaca, MN, and St. Louis Bertrand Church, Foreston, MN, their officers, directors, employees and agents, and the Diocese of St. Cloud, MN, its employees and agents, chaperones, or representatives associated with the event, 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, it's officers, directors and agents, and the Diocese of St. Cloud, MN it's employees and agents and chaperones, or representatives associated with the event for reasonable attorney's fees and expenses which they may incur in any action brought against them as a result of such injury or damage, unless such claim arises from negligence of the parish/diocese.

Signature: _____ Date: _____

I can chaperone this event

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 Care Plan Carrier: _____ Policy#: _____

Signature: _____ Date: _____

Other Medical Treatment: In the event it comes to the attention of the chaperones that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges being 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: _____

-OR-

I hereby grant permission for non-prescription medication (such as non-aspirin products, i.e. acetaminophen or ibuprofen) to be given to my child, if deemed appropriate.

Signature: _____ Date: _____

Listed below are medical concerns for my child regarding this activity: