

CONSENT FORM AND LIABILITY WAIVER

WORLD YOUTH DAY 2011 TRIP TO MADRID - SPAIN

Participant's Name: _____

Birth Date: _____ **Gender:** _____

Emergency Contact's Name: _____

Home Address: _____

Home Phone: _____

Emergency Contact Phone: _____

I, _____ wish to participate fully in to participate fully in *this diocesan trip to Madrid, Spain for World Youth Day 2011*. This activity will take place under the guidance and direction of employees and/or volunteers from *The Diocese of Thunder Bay*.

I agree on behalf of myself, or my heirs, successors, and assigns, to hold harmless and defend *The Diocese of Thunder Bay*, its officers, directors, employees and agents, chaperons, or representatives associated with the event, from any claim arising from or in connection with my attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection there with, and I agree to compensate *The Diocese of Thunder Bay*, its employees and agents and chaperons, or representative associated with the event for reasonable legal fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the diocese.

Signature: _____ **Date:** _____

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, I am in good health, and I assume all responsibility for the health of me/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 Diocese of Thunder Bay*, its officers, directors and agents, 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 otherwise, 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 aspirin, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: _____ **Date:** _____

Specific Medical Information: The diocese 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, fear of large crowds?

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

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

Additional space for pertinent information:
