

Parent/Guardian Permission and Liability Waiver

Description of Activity/Event: St. Mary's High School Fall RetreatDate(s): **Sept. 16,17,18 2016**Type of Event: **Fall Retreat at Camp Kahdalea in Brevard, NC**Arrival/Departure Time: **Leaving 09/16 St. Mary's @ 5:30 pm, Returning 09/18, 3:00 pm**ER Phone Number: **Chris Ortiz Cell Phone 305-216-6010, Texting is Best!****Camp Kahdalea Phone Number : (828) 884-6834**Destination: **Camp Kahdalea, 2500 Camp Kahdalea Rd Brevard, NC 28712**Individual In Charge: **Chris Ortiz**Mode of Transportation: **Chartered Bus**

Check made out to:

St. Mary's Catholic Church**\$120 per person, \$220 per family****Participant Information:**

Participant's Name: _____

Birth Date: _____ Age: _____ Gender: _____

Parent/Guardian's Name _____

Full Address: _____

Home Phone: () _____ Business Phone: () _____

Adult Shirt Size: _____ S _____ M _____ L _____ XL _____ 2X _____ 3X**Permission to Participate:**I, _____, grant permission for my son/daughter, _____
Parent or Guardian's Name *Child's Name*to participate in this parish youth ministry event, that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of Parish employees and/or volunteers from **St. Mary's Catholic Church, Greenville, SC**,
*Parish Name***Hold Harmless Agreement:**

As parent/legal guardian, I remain legally responsible for any personal actions taken by my son/daughter named above.

I agree on behalf of myself, my son/daughter named herein, our heirs, successors, and assigns to hold harmless and defend _____,
Parish Name

its officers, directors, agents, and the Diocese of Charleston from any liability for illness, injury or death arising from or in connection with my son's/daughter's attending the above named activity/event.

Signature of Parent/Guardian: _____ *Date:* _____**Permission To Be Photographed:**

I give my permission for my child, _____, to be photographed at this event and understand that the photographs may be used for publicity, etc. ___ Yes ___ No

Signature of Parent/Guardian: _____ *Date:* _____

MEDICAL CONSENT AND PERMISSION TO TREAT

Release of Information:

To the best of my knowledge, my child, _____ is in good health, and I assume all responsibility for the health of my child. In the event of an emergency, I give permission to transport my child to a hospital for emergency treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

I hereby grant medical personnel permission to release medical information to the Diocesan Director and/or my parish youth minister in the event that my youth becomes ill or injured.

Signature of Parent/Guardian: _____ Date: _____

Insurance Information:

Insurance Carrier: _____ Policy Number: _____

Emergency Contact Information:

Parent/Guardian's Name: _____

Full Address: _____

Home Phone: () _____ Business Phone () _____

If you are unable to reach me, please contact:

Name: _____

Relationship to me or my son/daughter: _____

Medical History:

My son/daughter is under the care of a medical provider. _____ Yes _____ No

Provider Name: _____ Phone Number: () _____

My son/daughter is taking medication and will bring all medication with him/her and it will be clearly labeled. My son/daughter is taking the following medication(s) and directions for taking this medication, including dosage, frequency and storage are as follows: _____

I hereby grant permission for non-prescription medication (such as cough drops, cough syrup, Tylenol, etc.) To be given to my child if necessary. _____ Yes _____ No

My son/daughter is allergic to the following: _____

My son/daughter's immunizations are current and up to date _____ Yes _____ No

My son/daughter has the following limitations: _____

My son/daughter experiences homesickness, emotional reactions to new situations, sleepwalking, fainting, bedwetting, etc. _____ Yes _____ No

Please explain: _____

Signature of Parent/Guardian: _____ Date: _____

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