

**ST. AMBROSE CATHOLIC PARISH
PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER**

PARTICIPANT'S NAME: _____ PARTICIPANT'S CELL _____
(If Applicable)

BIRTH DATE: _____ AGE: _____ GRADE: _____ SCHOOL: _____ EMAIL: _____

PARENT/GUARDIAN'S NAME: _____

ADDRESS/CITY/STATE/ZIP: _____

HOME PHONE: _____ WORK PHONE: _____ CELL/PAGER: _____

In the event of an emergency and if you are unable to reach me at the above numbers, please contact:

NAME/RELATIONSHIP: _____ PHONE: _____

CELL: _____

I, (name of parent or guardian) _____, grant permission for my child, _____
to participate in **all youth ministry activities** on (date of activity) **July 2009-June 2010**, sponsored by the St. Ambrose Youth Ministry
Office (315 S Chestnut St. Seymour, IN 47274).

I understand that in the case of serious medical emergency, unless the injury/illness appears to be immediately life-threatening, the staff will make reasonable attempts to contact me/us as specified about before authorizing medical treatment. If I/we are not available to give consent, I/we hereby authorize the staff of St. Ambrose Youth Ministry to act on my/our behalf, to call 911 emergency services, transport by ambulance, hospitalize; secure proper treatment; authorize injections, anesthesia, x-ray, surgery, or other treatment for my child as deemed necessary by qualified medical personnel. I also understand that the medical information provided will be shared only on a medical "need-to-know" basis among staff and with treating medical personnel.

Notice is hereby given to qualified medical personnel that this authorization is currently in effect, and such personnel are directed to act upon this authorization without delay. I/we agree to assume financial responsibility for all expenses incurred in any emergency requiring medication attention.

Should it be necessary for my child to return home due to medical reasons or otherwise, the undersigned shall assume responsibility for transportation and/or incurred transportation costs.

The undersigned does also hereby give permission for my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by the St. Ambrose Parish Youth Ministry Office. I will not hold the The Archdiocese of Indianapolis, St. Ambrose Parish, youth coordinator, or chaperones associated with the event responsible in the event of injury.

INSURANCE COMPANY: _____

POLICY NUMBER: _____

PARENT/GUARDIAN'S SIGNATURE: _____ DATE: _____

Please list any allergies or special medical problems your child may have: _____

If a child requires medication during a youth ministry event. A Release of self-administration of medication must be on file with the St. Ambrose Youth Ministry Office. This includes prescription medication and over the counter medications such as pain reliever, analgesics, herbs, enzymes, and oils. Youth are not permitted to carry medications on their persons, except for inhalers. Medications will be secured by the Coordinator of Youth Ministry. No medication of any kind is to be provided by the parish, staff or volunteer personnel.