

End of Summer MS Lock-In PERMISSION FORM

St. Elizabeth Ann Seton Youth Ministry

Date and Time: Saturday August 11th 8pm- Sunday August 12th 8am

Location: St. EAS

Cost: \$10

Turn in Completed permission form and fee (if any) no later than: Monday August 6th Bring a snack to share.

For More Information, Call the Youth Ministry Office at (815) 459-3033

Consent & Release

I grant my permission for my child, _____, to participate in the 'Activity' listed above. I hereby release and discharge The Diocese of Rockford and its Bishop; and St. Elizabeth Ann Seton Catholic Church, its employees and volunteers, from all claims for personal injuries or property damage that my child or I may suffer while my child is attending and/or participating in the Activity, unless the injuries or damage resulted from willful misconduct of the Diocese, the Parish, or its employees or volunteers. If I have provided medication for my child to take during the Activity, I hereby release and discharge The Diocese of Rockford and its Bishop; and St. Elizabeth Ann Seton Church, its employees and volunteers, from all claims for personal injuries or property damage that my child or I may suffer as a result of the administration of or lack of administration of or assistance in or lack of assistance in the administration of said medication to my child, whether by my child and/or an adult employee and/or adult volunteer; unless the injuries or damage resulted from willful misconduct of the Diocese, the Parish or its employees or volunteers.

Administration of Medication provided by parent/guardian of child: If my child needs to take prescription or non-prescription medication during this Activity, I have provided the medication in its original container. I give permission to an adult employee or adult volunteer to administer the medication or assist in the administration of the medication to my child in the dosage prescribed by the prescription or, for non-prescription medication, the dosage recommended on the container by the manufacturer. The medication name and if there are explicit instructions, I state them here:

First Aid/Emergency Treatment:

I authorize the Diocese, the Parish and its employees and volunteers to administer first-aid to my child if deemed necessary and appropriate to preserve the life, limb or well-being of my child. I authorize the Diocese and the Parish to contact and engage medical personnel and arrange for emergency treatment of my child, including transportation for medical, dental, surgical or hospital care or diagnosis, and I consent to that treatment for my child. I agree that I am financially responsible for such medical treatment.

Special medical conditions or Health/Dietary Restrictions: The church will take reasonable care to hold information in confidence. You should be aware of these special medical conditions or health/dietary restrictions of my child:

Date: _____

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____

Phone During Activity: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____