

COMPLETE ONE FORM FOR EACH CHILD

TOTUS TUUS 2018

PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participant's name: _____
Birth date: _____ Sex: _____
Parent/Guardian's name: _____
Home address: _____
Home phone: _____ Business phone: _____

I, _____ grant permission for my child, _____
Parent or guardian's name Child's name
to participate in this parish event.

This activity will take place under the guidance and direction of parish employees and/or volunteers from Prince of Peace Catholic Church.

A brief description of the activity follows:

Type of event: Vacation Bible School: Totus Tuus

Dates of event: July 22-27, 2018

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend Prince of Peace Catholic Church, its officers, directors, employees and agents, and the Diocese of Charleston, its employees and agents, chaperons, 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, its officers, directors and agents, and the Diocese of Charleston, its employees and agents and chaperons, or representative associated with the event for reasonable attorney's 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 parish/diocese.

Signature: _____ Date: _____

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 Plan Carrier: _____ Policy #: _____

Signature: _____ Date: _____

OVER →

Contact Maria Barontini in the Parish office if you have ANY questions
864-331-3919 or maria.barontini@princeofpeacetaylors.org

Other Medical Treatment: In the event it comes to the attention of the parish, its officers, directors and agents, and the Diocese of Charleston, chaperones, or representatives associated with the activity, that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, or diarrhea, I want to be called at _____.
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: _____

I hereby grant permission for non-prescription medication (i.e. non-aspirin products such as acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.
Signature: _____ Date: _____

Photo and Video Release Form

Permission to Use Photograph and Video

I grant *Prince of Peace Catholic Church* the right to take photographs and videos of my child in connection with all Totus Tuus activities. I authorize *Prince of Peace Catholic Church* to use and publish the same in print and/or electronically for the purpose of promoting the event.

Child's Name: _____
Parent/Guardian Signature: _____
Parent/Guardian Printed Name: _____