

**DIOCESE OF COVINGTON**  
**PARENTAL CONSENT LIABILITY AND MEDICAL FORM**

MINOR FORM A

<b>Event Information</b> – <i>Completed by organizer</i>		<b>Event Type:</b> <input type="checkbox"/> Retreat <input type="checkbox"/> Service <input type="checkbox"/> Social <input type="checkbox"/> Other _____	
<b>Event Name</b> _____	<b>Date</b> _____	<b>Cost \$</b> _____	
<b>Location</b> _____		<b>Address</b> _____	
<b>If overnight, specify housing arrangements</b> _____			
<b>Starting Time</b> _____		<b>Meeting Place</b> _____	
-			
-			
<b>Ending Time</b> _____		<b>Meeting Place</b> _____	
<b>Event Supervisor</b> _____		<b>Phone(emergency)</b> _____	
<b>Event Organizer/Host</b> (please name specific Parish/School/Diocese/Other) _____			
<b>Transportation:</b> <input type="checkbox"/> No Transportation <input type="checkbox"/> Commercial Bus <input type="checkbox"/> Drivers <b>Food Provided:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes _____			
<b>Additional Forms Required:</b> <input type="checkbox"/> Code of Conduct <input type="checkbox"/> Photo Release <input type="checkbox"/> Other _____			
<b>Other Information</b> _____			

*This section to be completed by a parent or guardian for each child. Complete and return additional forms as specified above.*

**Participant:**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex \_\_\_\_\_  
School Name \_\_\_\_\_ Grade \_\_\_\_\_ Parish \_\_\_\_\_  
Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Parent/Guardian:**

Name \_\_\_\_\_ Relation \_\_\_\_\_  
Home Address \_\_\_\_\_  
Email \_\_\_\_\_ Cell Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_  
Emergency Contact Name/Phone (if parent cannot be reached) \_\_\_\_\_

I, \_\_\_\_\_, grant permission for my child \_\_\_\_\_ to participate in a youth ministry event as described above. This event will take place under the guidance and direction of diocesan or parish employees and volunteers. I agree to release, indemnify, and hold harmless the Parish, the Diocese of Covington, and their representatives from liability for any accident in which my child may be involved or any injury to my child that may occur in connection with this activity. If my child has a medical condition that requires health services and/or medications while at this event, I have listed them below. In the event of an accident or sudden illness, I understand that reasonable effort will be made to contact the parent/guardian or emergency contact immediately. However, if I am not available, I authorize the leaders to secure emergency medical care, if needed. I recognize that I remain fully responsible for any legal liability resulting from the personal actions of my child.

Name of Parent/Guardian \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Medical Information:** (only for what we need to know for the event)

Allergies (ex., bee stings, nuts, etc.) \_\_\_\_\_

Medications (if applicable) \_\_\_\_\_

Chronic Conditions (e.g. epilepsy, diabetes) \_\_\_\_\_

Indicate which (**if any**) over the counter medications that may be given to your child upon request (ex. Tylenol, acetaminophen, cough drops, or Benadryl, etc.): \_\_\_\_\_

**Dietary Needs/ Restrictions:** (if food is provided) \_\_\_\_\_

**Special Needs:** (Be aware of these special physical, emotional, or spiritual needs of my child): \_\_\_\_\_