

DIOCESE OF COVINGTON
PARENTAL CONSENT LIABILITY AND MEDICAL FORM

YOUTH FORM A

CONNECT 25 Jr High School Retreat

Program Information			
Program/Event Name: CONNECT 25 Jr High Retreat		Sponsoring Parish/Group: Diocese of Covington Youth Ministry	
Schedule: Sat Feb 22 9:30 am to 4:30 pm			
Location(s): Thomas More University, in <i>The Saints Center</i> 333 Thomas More Pkwy, Crestview Hills, KY			
Program Leader/Supervisor Name, Title: Angie Poat, Diocesan Youth Minister		Contact Information: Cell 859-992-7628	
Participant Information <i>(each child must have a separate form)</i>			
Participant Name:		Birth Date:	Sex:
Address:		City:	State: Zip:
School Name:	Grade:	Parish:	
Email:	Cell Phone:		
Parent/Guardian Information			
Father's Name:	Email:	Cell Phone:	
Mother's Name:	Email:	Cell Phone:	
Legal Guardian Name/Relation (if applicable):	Email:	Cell Phone:	
Emergency Contact			
Name:	Relation:	Cell Phone:	
Consent & Liability Waiver			
<p>I, _____, grant permission for my child named above 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 in this document. 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.</p> <p>Name of Parent or Legal Guardian: _____</p> <p>Signature of Parent or Legal Guardian: _____ Date: _____</p>			

Continued Next Page

DIOCESE OF COVINGTON
PARENTAL CONSENT LIABILITY AND MEDICAL FORM

YOUTH FORM A

Photo Consent – (choose one)

I hereby grant permission for the Diocesan entity, parish and/or school, _____, to use images and interviews of my child, _____, taken from the above mentioned event, for internal or external communications for one year. I understand content may be printed in *The Messenger* or other media for public dissemination, including but not limited to film; video; radio; websites; online platforms; social media networks. I release and relieve the parish and/or school, and the Diocese of Covington, from any responsibility or liability for any claims arising from the publication or reproduction of any photographs or interview in any news or other media. I waive, any and all right, to inspect or approve the finished images, video, or printed matter that may be used in conjunction with any image or video, or to approve the eventual use or which it may be applied.

I understand that photographs, videos, and/or interviews are being done with the knowledge and approval of the parish and/or school, and that a signed release form is required for every participating individual for EACH event.

No, I do not want my child included in, nor my child's image used in any internal or external communications. This does not include Catholic School yearbooks or newspapers.

Signature of Parent or Legal Guardian: _____

Date: _____

Medical Matters (list only for what we need to know for the event)

Medical Conditions Information: *(Information will be kept confidential, but will be shared with Diocesan personnel and others, as needed)*

Allergies: *(e.g., bee stings, nuts, sulfa, poison ivy, etc.)* _____

Medications: *(if needed, only to be communicated to emergency personnel)* _____

Chronic Conditions: *(e.g., epilepsy, diabetes, bleeding disorders, etc.)* _____

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

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

Additional Note from Parent/Guardian:

(ex. Early departure, time, and who is authorized to pick up and transport child, etc.)

Signature of Parent or Legal Guardian: _____

Date: _____

Print and bring completed form to retreat.

Electronic signatures are not accepted. Ink only.