



Saint Mary Faith Formation Office
P.O. Box 250
Coventry, CT 06238
860 742-1092

Events Date
March 26 – 27, 2010

PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Youth Group: Hunger for Haiti

Lock-In at Saint Mary Parish Hall

Participant's Name _____ Birth Date _____
Home Address: _____
City _____ State _____ Zip Code _____ Home Phone: _____
Emergency Phone: _____

Group Name: St. Mary Youth Group.
Group Leader's Name: Mike McKeever and Tina Pelletier St Mary Youth Minister

I, _____ grant permission for my child, _____
Parent or guardian's name Child's name

to participate in this **Youth Group Hunger for Haiti Lock-In, which is a Lock-In, in the Parish Hall of Saint Mary Church, which is a part of the parish site.** This activity will take place under the guidance and direction of parish employees and/or volunteers from St. Mary Church **Youth Group.**

As parent and/or guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant"). If the above named minor (participant) acts inappropriately or causes any disciplinary problems, I agree to come to remove said minor (participant) from the activity /event.

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. Mary Church, its officers, directors, employees and agents, and the Diocese of Norwich, its employees and agents, chaperons, or representatives associated with this 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 or agents, and the Diocese of Norwich, 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.

I give permission to St. Mary Church in Coventry, the Norwich Diocese and employees, personnel, chaperones, youth group leaders, and members to photograph, videotape and/or film my child and to use his/her image in photographic, video, and/or or film the purpose of promoting the Youth Group mission, activities, and programs of St. Mary Youth Group Hunger for Haiti Lock-In. I understand that I am not entitled to any compensation or rights in these materials, and I release all St. Mary Church in Coventry, the Norwich Diocese and employees, personnel, chaperones, youth group leaders, Youth staff from any liability for the use of my image for the above stated purpose.

Signature: _____ Date: _____

A brief description of the activity follows:

- Type of event: **Youth Group Hunger for Haiti Lock-In**
- Destination of event: **Saint Mary Parish Hall**
- Individual in charge: **Mike McKeever and Tina Pelletier the St Mary Youth Ministers**
- Date & time of arrival: **Friday March 26, 2010 – 6:30 p.m.**
- Date & anticipated time of departure: **Saturday March 27, 2010 – 6:30 p.m.**
- Transportation provided by: **Parents**
- Event Function: **Awareness for World Hunger**
- Profits: **To raise funds for Haitian Ministry and Community Service to local organizations**

Medical Matters: I, _____ hereby warrant that to the best of my knowledge, my child, _____ **Parent or Guardian Name** is in good health and I assume all responsibility for the health of my child.

Student Name

Medical Treatment: In the event of an emergency, I hereby give permission for my child to be evaluated, diagnosed, treated and if need be transported 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#: _____

Medical Insurance Provider: _____ Policy #: _____

Signature of Parent / Guardian: _____ Date: _____

Allergic Reactions (be specific) _____

Food, insects, medication, etc _____

Any Physical Limitations _____

Medications: (name & dosage) _____

- My child has my permission to self-administer their own medication YES / NO
- If I have checked off " YES", my child can only self-administer the following medication: _____

- I hereby grant permission for non-prescription medication to be given to my child, by the Youth Group Leader in Charge, if needed. I have check off the following over the counter medication:

Acetaminophen/Tylenol _____ Ibuprofen /Advil / Motrin _____ Benadryl _____ Tums _____
Pepcid _____ Throat Lozenges _____ Cough Syrup _____

Signature of Parent / Guardian: _____ Date: _____

I DO NOT give anyone permission to give my child, any type of medication, whether prescription or non-prescription unless the situation is life-threatening an emergency treatment is required.

Signature of Parent / Guardian: _____ Date: _____

Sign above ONLY if you do not give permission
