

PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Child's Name: _____
Date of Birth: _____ Male: _____ Female: _____
Parent / Guardian Name: _____
Home Address: _____
Contact Phone: _____

I, (name of parent or guardian) _____, grant permission for my child (name of child) _____, to participate in this parish event that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of parish employees and / or volunteers from Church of the Nativity.

A brief description of the activity follows:

Type of Event: End of Year party at Lucky Strike Bowling

Date of Event: June 7, 2026

Destination of Event: Lucky Strike, 945 W. San Marcos Blvd., San Marcos, CA., 92078

Individual in Charge: Mike James, Youth Minister

Time: 5-7pm – meet at and Dismiss from Lucky Strike

As parent, and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named Child. I agree on behalf of myself, my Child named herein, as well as our respective heirs, successors, and assigns, to hold harmless and defend Church of the Nativity, and the Roman Catholic Bishop of San Diego, a corporation sole ("Diocese of San Diego"), and their respective clergy, officers, directors, employees, agents, volunteers, chaperones and representatives associated with the event, from any claim arising from or in connection with any illness or injury (including death) suffered by the above-named Child related to the above-referenced event, including the cost of medical treatment in connection therewith, and I agree to compensate the Parish, the Diocese of San Diego, and their respective, clergy, officers, directors, , employees, agents, volunteers, chaperones and representatives associated with the event for reasonable attorney fees and expenses which may incur in an action brought against them as a result of such injury or damage, unless such claim arises from the negligence or willful misconduct of the Parish or Diocese of San Diego.

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 in accordance with your wishes

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 will 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 Number: _____

Signature _____ **Date** _____

OTHER MEDICAL TREATMENT: In the event it comes to the attention of the parish, the Diocese of San Diego, its officers, directors, employees, agents, volunteers, chaperones, and representatives associated

with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be contacted.

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 is as follows:

Signature _____ Date _____

MEDICATIONS: CHOOSE ONE OF THE BELOW LISTINGS (A OR B)

A) No medication of any type whether prescription or nonprescription may be administered to my child unless the situation is life threatening and emergency treatment is required.

A) Signature _____ Date _____

B) I hereby grant permission for nonprescription medication (such as aspirin, throat lozenges, cough syrup) to be given to my child, if deemed available.

B) Signature _____ Date _____

SPECIFIC MEDICAL INFORMATION

The parish will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.) _____

Immunizations: Date of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet? _____

Any physical limitations? _____

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting? _____

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, H1N1, etc.? If so, date and disease or condition: _____

You should be aware of these special medical conditions of my child:
