

Steubenville PERMISSION SLIP

(Due Wed., Nov. 7 w/\$75 downpayment- checks to "Centre For Christ")
Friday, July 10-Sunday, July 12, 2026
Rochester, MN

PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER FOR MEDICAL TREATMENT

Participant's name: _____

Gender: _____ Grade: _____

Home address: _____

Parent A (call first) Name: _____

Parent A Cell: _____ Business phone: _____

Parent B Name: _____

Parent B Cell: _____ Business phone: _____

Emergency Person (EP) if Parent(s) can't be reached: _____

EP Cell: _____ Relationship to Participant: _____

Nature of Risks: I grant permission for my child/ren to participate in this event that requires transportation to a location away from the parish site. I understand that the primary form of transportation is a coach bus. This activity will take place under the guidance and direction of ACC/parish employees and/or volunteers along with those organizing Steubenville Rochester. I understand _____ (parent initials)

PHOTO RELEASE: Pictures and/or videos of participants taken during Steubenville may be placed on the ACC/Centre For Christ website or social media accounts. I understand that if I have concerns, I need to contact Kathy Knoblach (kknoblach@parishesontheprairie.org). I understand _____ (parent initials)

Liability Waiver: 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 Parishes on the Prairie, its officers, directors, employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my child attending Steubenville 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, its employees and agents and chaperones, or representative associated with the event for reasonable attorney's fees and expenses that 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 ACC.

Parent Signature: _____

Print Name: _____ Date _____

Please fill out the back ->

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my youth is in good health, and I assume all responsibility for the health of my youth.

(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 youth 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: _____

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

Signature _____ Date: _____

Medications: My youth is taking medication at present. My youth will bring all such medications necessary, and such medications will be well labeled. Names of medications and concise directions for seeing that the youth 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 youth unless the situation is life threatening and emergency treatment is required.

Signature: _____ Date: _____

OR (only sign one option in the box)

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

Signature: _____ Date: _____

Specific Medical Information: The parish will take care to see that this information will be held in confidence.

Please list any allergic reactions or medical conditions we should be aware of (medications, foods, plants, insects, etc.):

Is your child currently following any specific diet that we need to accommodate?

Does your child have any physical limitations?
