



**Corpus Christi Catholic Church**  
**PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER**

PARTICIPANT'S NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ SEX: \_\_\_\_\_ T-SHIRT SIZE: \_\_\_\_\_

PARENT/GUARDIAN'S NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: (    ) \_\_\_\_\_ MOBILE PHONE: (    ) \_\_\_\_\_

I, \_\_\_\_\_, (parent/guardian) grant permission to \_\_\_\_\_, (name of youth) to participate in Confirmation classes and other youth ministry events at Corpus Christi Parish.

Name of event or activity: **Confirmation Classes, Youth Nights, Other Youth Events at the Parish**

Date of event: **Ongoing 2025-2026**

Destination of event or activity: **Corpus Christi Catholic Church, Parish Hall & Youth Room**

Name of individual in charge: **Alex Avalos, Coordinator of Youth Ministry & Conf., staff/volunteers**

Mode of transportation to and from event: **Parent drop off and pick up**

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 **Corpus Christi**, the Diocese of San Diego, its employees and agents, chaperons, or representatives associated with the 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/school, its officers, directors and agents, and the Diocese of San Diego, 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/school or the Diocese of San Diego.

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

**PHOTO/VIDEO RELEASE:**

I, \_\_\_\_\_ (parent/guardian) authorize the Corpus Christi Youth Ministry (CCYM) of the Catholic Diocese of San Diego, its representatives, or volunteers, to photograph or record on audio or video (tape or digital) \_\_\_\_\_ (name of youth) for purposes of furthering the mission of the CCYM, in this specific case, the creation of publication materials for those who participate in **Confirmation/Youth Events at Corpus Christi parish**. Photos, audio, or video may be used in printed materials and any other visual display or media. I understand that such photos and/or video recordings will be used for CCYM related purposes and will not be used for any commercial purpose whatsoever. I therefore hereby waive any kind and all rights I may have for remuneration of any kind that could otherwise accrue for the uses of such photos and/or audio or video recordings.

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

**MEDICAL TREATMENT:**

In the event it comes to the attention of the parish, the Diocese of San Diego; its officers, directors, agents, volunteers, chaperones, and representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever or diarrhea, I want to be contacted.

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

**EMERGENCY MEDICAL TREATMENT:**

In the event of an emergency, I hereby grant permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment administered by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, please contact:

FIRST/LAST NAME OF EMERGENCY CONTACT: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

FAMILY DOCTOR: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

FAMILY HEALTH PLAN CARRIER: \_\_\_\_\_ POLICY NUMBER: \_\_\_\_\_

**MEDICATIONS:** My child is taking the following medication at present. My child will bring all medications necessary, and such medications will be well labeled. Names of medications and concise instructions for seeing that the child takes such medications, including dosage and frequency of dosage is as follows:

\_\_\_\_\_

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

**PLEASE CHECK ONLY ONE OF THE BELOW OPTIONS:**

\_\_\_\_\_ Yes, I hereby grant permission for nonprescription medication (such as ibuprofen, throat lozenges, tums) to be given to my child, if deemed advisable.

\_\_\_\_\_ No medication of any type whether prescription or non-prescription may be administered to my child unless the situation is life-threatening and emergency treatment is required.

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

**SPECIFIC MEDICAL INFORMATION:**

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

Allergies (medications, foods, plants, insects, etc.): \_\_\_\_\_

Immunizations: Date of last tetanus/diphtheria immunization: \_\_\_\_\_

Medically prescribed diet/special dietary needs (aka. Vegetarian, etc.): \_\_\_\_\_

Any physical limitations? \_\_\_\_\_

Has child recently been exposed to contagious disease or conditions, such as H1N1, chickenpox, measles, Covid-19, etc.? If so, date and disease or condition: \_\_\_\_\_

Other medical details, if needed: \_\_\_\_\_