Bishop Hodges Pastoral Center

Helping young people fall in love with Jesus Christ & His Church.

PARENTAL/GUARDIAN LIABILITY WAIVER AND CONSENT FOR PARTICIPATION AND EMERGENCY MEDICAL TREATMENT

Parish/School should keep a copy and return the original to BHPC

Participant's Name: _____ Birthdate: _____ Gender: M / F

Parent/Guardian Name: _____ Best contact phone #: _____

I,_____, grant permission for the minor named above to participate in this Office of Youth Ministry event. This activity will take place under the guidance & direction of staff and/or volunteers of the Office of Youth Ministry. A brief description of the activity follows:

Event name: _____

Dates of event _____

Type of Event: BHPC Activities may include, but are not limited to, prayer, group games, sports, zip-line, climbing tower, swing-by-choice, high-ropes elements, low-ropes initiatives, hiking, biking, swimming, horse-back riding, camping, archery, arts & crafts, canoeing, other traditional "camp" activities, and volunteer labor (including, but not limited to, trail maintenance, basic farm work, cleaning, weeding, painting, etc.).

Destination of Event: Bishop Hodges Pastoral Center
39 Catholic Conference Center, Huttonsville, West Virginia

As a parent and/or legal guardian or as a legal adult, I remain legally responsible for any personal actions taken by the above-named participant. I agree on behalf of myself, my child named herein, or our heirs, and assigns, to hold harmless and defend the Youth Ministry Office, directors and agents, and the Diocese of Wheeling-Charleston, chaperones, or representatives associated with the event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors, and agents, and the Diocese of Wheeling-Charleston, or representative associated with the event, for reasonable attorney's fees and expenses arising in connection. ***(At least 1 parent & All participants over 18 must sign this section)***

Parent/Guardian Signature:_____Date:_____

PHOTO RELEASE:
I authorize that pictures taken of this family may be used for promotional purposes.

Signature:_____Date:_____

(continued on other side)

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for his/her health. (**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 the above named participant 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 number, contact:

Name & Relationship:_____

Phone:_____Family Doctor:_____Phone:_____

Family Health Plan Carrier:_____Policy#:_____

Other Medical Treatment: In the event it comes to the attention of the Youth Ministry Office, its officers, directors and agents, and the Diocese of Wheeling-Charleston, chaperones, or representatives associated with the activity, that the child named above becomes ill, the parents/guardians will be contacted to discuss further actions to be taken.

Non-Prescription Medication: I hereby grant permission for **non-prescription medications** (such as aspirin, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature:_____Date:_____

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: Reasonable care will be taken to see that the following information 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?_____
- Has child recently been exposed to a contagious disease or condition, such as mumps, measles, chickenpox, etc.? If so, date of disease or condition:

  _____

  _____

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

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