

**DIOCESE OF ALLENTOWN  
PARENTAL/GUARDIAN CONSENT FORM & LIABILITY WAIVER**

Participant's name: \_\_\_\_\_  
Birth date: \_\_\_\_\_ Sex: \_\_\_\_\_  
Parent/Guardian's name(s): \_\_\_\_\_  
Home address: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

I (we), \_\_\_\_\_ grant permission for my (our) child, \_\_\_\_\_  
(Parent or guardian's name(s)) (Child's name)  
to participate in this parish/school event. This permission includes all related programs or events associated with the event. This activity will take place under the guidance and direction of parish/school employees and/or volunteers from \_\_\_\_\_.  
(Name of parish/school)

My (Our) child understands and agrees to abide by all rules and regulations established by the school/parish pertaining to this event.

Description of Activity:

Type of event: \_\_\_\_\_  
Individual in charge: \_\_\_\_\_  
Date(s)/ time of event: \_\_\_\_\_

As parent(s) and/or legal guardian(s), I (we) remain legally responsible for any personal actions taken by the above named minor ("participant"). In consideration for my (our) child's participation, I (we) and my (our) child, agree and understand that we assume the risks inherent in the activity, and with full knowledge of the risks, we, and our heirs, successors and assigns, agree to release and to hold harmless and defend The Diocese of Allentown, Most Reverend Alfred A. Schlert, D.D., J.C.L, the Roman Catholic Diocese of Allentown Charitable Trust, \_\_\_\_\_  
**Saint Elizabeth Church** Charitable Trust, and the respective

(Name of parish/school)

Members, trustees, directors, officers, employees and representatives, including chaperones, volunteers or any other representatives associated with the activity (all of whom are collectively referred to as the Diocese) from claims from or related to my (our) child's participation, or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I (we) agree to compensate the Diocese for reasonable attorney's fees and expenses incurred by the Diocese in any action brought against the Diocese as a result of such injury or damage, unless such claim arises from the negligence of the Diocese.

We have read carefully this entire (pages 1 and 2) Parental/Guardian Permission Form & Release and agree to its terms and intend to be bound hereby.

Participant's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DIOCESE OF ALLENTOWN**  
**PARENTAL/GUARDIAN PERMISSION FORM & RELEASE**  
***MEDICAL MATTERS***

I (we) hereby warrant that to the best of my (our) knowledge, my (our) child is in good health, and I (we) assume all responsibility for the health of my child.

***Emergency Medical Treatment:*** In the event of an emergency, I (we) hereby give permission to transport my (our) child to a hospital for emergency medical or surgical treatment. I (we) 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 (us) at the above numbers, contact:

Name & relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Family doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

***Medical Insurance Information:***

Health Plan Carrier: \_\_\_\_\_

Group #: \_\_\_\_\_ I.D. # \_\_\_\_\_

Subscriber's Name: \_\_\_\_\_

***Medications:*** My (our) child is taking medication at present. My (our) child will bring all such necessary medications, 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, are as follows: \_\_\_\_\_

I (we) hereby grant permission for non-prescription medication (such as non-aspirin products such as acetaminophen or ibuprofen or throat lozenges) to be given to my (our) child, if deemed appropriate.

***Specific Medical Information:*** The parish/school should be aware of the following medical conditions. (The parish/school 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? \_\_\_\_\_

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, etc.? If so, date and disease or condition: \_\_\_\_\_

Other medical conditions of my (our) child: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_