

DIOCESE OF SALT LAKE CITY
OFFICE OF YOUTH MINISTRY

CONSENT TO PARTICIPATE IN SPORTS ASSOCIATION

Participant's name: _____

Birth date: _____ Sex: _____

Parent/Guardian's name: _____

Home address: _____

Home phone: _____ Business phone: _____

I grant permission for my child to participate in the following sporting activity:

This activity will take place under the guidance and direction of parish employees and/or volunteers from _____ Parish (the "Parish"). It is the sole responsibility of each parent and/or legal guardian to transport his or her child to this activity.

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by my child. I agree on behalf of myself, my child, and our heirs, successors, and assigns, to hold harmless and defend the Diocese, the Parish, and their employees, agents, representatives and volunteers, arising from or in connection with my child's participation in the specified sporting activity and any events held in conjunction therewith or in connection with any illness or injury or cost of medical treatment therewith. On the back of this form, I have provided medical information regarding my child. The medical information is correct to the best of my knowledge. I understand that in signing this document, I authorize verification of the medical information through communication with any person or organization named herein. I release from liability any person or organization which provides such information as well as the Diocese and the Parish. Furthermore, in the event of any changes in the above information, I shall provide same in writing to the Parish and the Diocese. I agree to compensate the Parish and/or the Diocese of Salt Lake City for reasonable attorney's fees and expenses arising in connection with the above.

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.

Specific Medical Information

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

Does child have a medically prescribed diet? No Yes

Any physical limitations? No Yes

If Yes has been marked and/or the Parish should be aware of any other medical conditions of my child, please explain in detail: _____

Please check the statements which are applicable to your child and provide the requested information:

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 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 Physician: _____ Phone: _____

Family Health Plan Carrier: _____ Policy No.: _____

Signature: _____ Date: _____

Other Medical Treatment: In the event it comes to the attention of the Parish, its officers, directors and agents, and the Diocese of Salt Lake City, chaperons, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reversed to me).

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, are as follows:

Signature: _____ Date: _____

No Medications: 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: _____

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

Signature: _____ Date: _____