

ANTIGO AREA CATHOLIC CHURCHES FAITH FORMATION CENTER 2022-2023 LIABILITY FORM

MEDICAL INFORMATION AND PARENTAL/GUARDIAN CONSENT FORM/LIABILITY WAIVER

Participant's Name: _____ Date of Birth: _____

Sex: _____ Parent/Guardian's Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

I, _____ grant permission for my child, _____ to participate in any
Parent or guardian's name *Child's name*
event organized by the Antigo Area Catholic Churches (AACC) between and including the dates of September 1, 2022 through August 31, 2023. If the event is offsite, I also grant permission for my child to be transported by any means of official transportation organized by AACC Faith Formation employees or their representatives and/or volunteers from the Diocese of Green Bay.

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 the AACC its officers, directors, employees and agents, and the Diocese of Green Bay, its employees and agents, chaperones, 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 AACC, its officers, directors and agents, and Diocese of Green Bay its employees and agents and chaperones, 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 AACC or the Diocese of Green Bay.

Signature: _____ Date: _____

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: _____

Child's Family doctor: _____ Phone of Doctor: _____

Family Health Plan Carrier: _____ Policy #: _____

MEDICATIONS (complete if applicable): 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:

MEDICATION AUTHORIZATION (choose ONE of the following):

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

SPECIFIC MEDICAL INFORMATION: The AACC will take reasonable care to see that the following information will be held in confidence.

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

Does child have a medically prescribed diet? _____

Does child have any physical limitations? _____

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

I hereby agree to sections Emergency Medical Treatment and Medication Authorization. I 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.

Signature of Parent/Guardian _____ **Date:** _____

MEDIA RELEASE: This authorization form constitutes permission for my child(ren)'s participation in videotaping and/or photographs which may be taken during the program/trip. These could be used for further promotional videos, website promotions, fliers, or other diocesan or parish appropriate uses.

Signature of Parent/Guardian _____ **Date:** _____

By completing this form, I agree that if any of the provided information changes from September 1, 2022, through August 31, 2023, it is my responsibility to notify the AACC Faith Formation Office.