



CATHOLIC EDUCATION MINISTRIES

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Middle and High School Rally 1/30/2022

B-1 YOUTH - PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER FOR MEDICAL TREATMENT FORM

Use this form for all students in middle or high school

Participant's name: _____

Birth date: _____ Gender: _____ Grade: _____ Youth Cell Phone#: _____

Parent/Guardian's name: _____

Home address: _____

Home phone: _____ Business phone: _____

Cell Phone: _____ Other Emergency Phone: _____

I, _____ grant permission for my youth, _____
(Parent or guardian's name) (Youth's name)

to participate in this parish/diocesan event that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of **Diocese of St. Cloud-Catholic Education Ministries**, parish employees and/or volunteers from: _____
(Church name)

A brief description of the activity follows:

Type of event: **Middle and High School Youth Rally: Together**

Date of Event: **Sunday, January 30, 2022**

Cost of Retreat: **\$20 per person before Jan. 20; Jan. 21-29 cost is \$25/person**

Destination of event: **Cathedral High School; St. Cloud**

Parish Leader & Contact Info: _____

Coordinated by: **Diocese of St. Cloud-Catholic Education Ministries**

Estimated time of event: **9:00 a.m. – 4:00 p.m.**

Mode of transportation to and from event: **To be determined by Parish**

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 _____ its officers, directors, employees and agents, and the
(Church Name)

Diocese of St. Cloud, its employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my youth 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, its officers, directors and agents, and the Diocese of St. Cloud, 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 parish, school or diocese.

Photos will be taken during the rally for promotional purposes. If you do not want photos of your child to be used for promotional purposes, please let your Parish leader know in writing.

Print Name: _____

Date: _____

Signature: _____

Please indicate if you would like a shirt and mark the size below

Short Sleeve T-Shirt: \$16 each Long Sleeve T-Shirt: \$21 each Hoodie Sweatshirt: \$30 each

Please Check One: I would like a: ___ Short Sleeve t-shirt ___ Long Sleeve t-shirt ___ Hoodie

Please Circle Desired Size: s m l xl 2xl 3xl 4xl

Shirt Orders Due no later than January 20, 2022

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my youth is in good health, and I assume all responsibility for the health of my youth.

The Diocese is aware of the evolving COVID protocols and will be following the current mitigation strategies of both the host, Cathedral High School, and the Diocese at the time of the event. Out of care and concern for the participants and staff, we ask that if any participant becomes symptomatic without a negative test, or tests positive for COVID any time after Jan. 20, they must stay home. In this case the Diocese will reimburse the registration fee to the participant's parish.

→ → (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 my youth 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 doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy #: _____

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 Saint Cloud, chaperones, or representatives associated with the activity that my youth becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called at: _____

Signature: _____ Date: _____

Prescription Medications: My youth is taking medication at present. My youth will bring all such medications necessary, and such medications will be well labeled. Names of medications and concise directions for seeing that the youth takes such medications, including dosage and frequency of dosage, are as follows: _____

Signature: _____ Date: _____

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

Signature: _____

Date: _____

or

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

Signature: _____

Date: _____

Specific Medical Information: The parish will take care to see that this information will be held in confidence.

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

Does child have a medically prescribed diet? _____

Any physical limitations or medical conditions? _____

Has youth recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, COVID, etc.?

YES or NO

If so, list date and disease or condition: _____