

# PARENT/GUARDIAN CONSENT/RELEASE FORM

## “COOK-OUT!”

Grades 8-12

at North Fayette Park Lions Club Shelter

(must find own transportation to and from this no cost event)

SUNDAY, SEPTEMBER 15, 2019

6-8 p.m.

(Inclement weather location will be St. Columbkille Church Hall )

NAME	AGE	HOME PARISH	
ADDRESS	CITY	STATE ZIP	PHONE

**RSVP TO: stcolumbkilleparish@comcast.net**  
**CALL ST. COLUMBKILLE CHURCH, 724-695-7325**

**PLEASE BRING PERMISSION FORM WITH YOU ON SUNDAY.**

If you would like your child to participate in this event, please complete, sign, and return the following statement of consent and release of liability. As a parent or legal guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by the named student.

I/We, the parents /guardians of the above mentioned child, do hereby give permission for my/our child to participate in the Cook-Out Event. I/We understand that this event will take place away from the parish grounds and that my/our child will be under the supervision of the designated parish employee on the stated date. I/We further consent to the conditions stated above on participation in this event.,

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

### MEDICAL AUTHORIZATION

I/We hereby release and forever discharge the Diocese of Pittsburgh, the Parishes in grouping 329, and designated chaperones from any/all actions or suits in law or equity which we might hereafter have by reasons of injuries sustained by my/our son/daughter participating in the above mentioned activity. In case of injury, illness, or emergency, I/we give permission for our child to be treated at a hospital and/or by a medical doctor.

In case of emergency, contact this phone number \_\_\_\_\_

If I/we are unavailable, contact (name/relationship) \_\_\_\_\_

phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

PLEASE COMPLETE BOTH SIDES OF THIS FORM

# CONSENT TO TREAT

I/We the undersigned parent (s) /guardian (s) of \_\_\_\_\_, a minor, do hereby authorize treatment of my/our child by a licensed medical physician in case of any accident or illness that may so arise, or any hospitalization necessary,

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

**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/our child.

Of the following statements pertaining to medical matters, sign only those in accordance with your wishes.

1. **Medications:** My/our child is taking medication at present. My/our child will bring all such medications necessary, and such medications will be well labeled and presented to the adult in charge. My/our child will administer his/her own medication.

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

2. I/We hereby grant permission for nonprescription medication (such as Tylenol®, or throat lozenges) to be given to my child, if deemed advisable.

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

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

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Any known allergies? \_\_\_\_\_

Any physical limitations? \_\_\_\_\_

Any medically prescribed dietary needs? \_\_\_\_\_

## PHOTOGRAPHIC RELEASE LETTER

I/We hereby grant to the Diocese of Pittsburgh, Parishes in grouping 329, and their respective licenses, successors and assigns, the right and permission, with respect to those photographs taken of me/us or the minor named below on whose behalf I am signing, and with respect to any printed or electronic matter in connection therewith, to do the following:

1. To include such photographs on the Diocese of Pittsburgh and or grouping 329 websites and on print material
2. To use my/our names, or the name of the minor on whose behalf I/we are signing, in connection with the foregoing.

I/We hereby release, discharge and agree to indemnify and hold harmless the Diocese of Pittsburgh and or grouping 329 and their legal representatives, licenses, successor and assigns from all claims and demands whatsoever arising out of or in connection with the foregoing and waive any right to inspect or approve the same.

I/We certify that I /we am/are the parent (s)/guardian (s) of \_\_\_\_\_, a minor under the age of eighteen years, and hereby consent of behalf of said minor to the use of any of the photographs taken of said minor pursuant to the terms set forth in this Photographic Release, including, without limitation, the release, discharge, and hold harmless provision thereof.

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

If you do not give permission for names or photographs to be used in any of the ways stated above, check the box, date, and sign.

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_