

Long Term Medical Information and Liability Waiver 2008-09

As the parent/legal guardian of _____, I hereby grant permission for my child to be medically treated in case of sickness or accident.

I understand and acknowledge that participation in the activities of Our Lady of Hope Youth Ministry involves inherent risks of injury to my child including risks associated with transportation by motor vehicle. I agree to indemnify the Parish, Youth Ministers, Volunteers, and the Diocese of Arlington for any costs or expenses arising out of my child's participation in the activities including the cost of any medical care given my child or any expenses or fees incurred in any lawsuit arising as a result of any damage or injuries caused by my child in the course of his or her participation in these activities.

I further give my consent so that in my absence the below-named minor be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment.

Date of Birth

Date of last Tetanus Booster

Known allergies including any allergies to medicine (Continue on back of form if needed)

Any other medical problems which should be noted (Continue on back of form if needed)

Name of Parent/Guardian

Address

City/State/Zip

Phone: Home

Cell

Work

Family Physician

Phone

Insurance Carrier & Policy Number

My child may be given, as necessary:

Advil: Yes___ No___

Tylenol: Yes___ No___

Signature of Parent

Date