

Permission Form/ Liability Waiver for

Minnesota Twins vs. Texas Rangers Youth & Family Event

Dear Parent or Legal Guardian,

Your son/daughter is eligible to participate in our parish sponsored *MN Twins Game* requiring transportation to locations away from the parish/school premises. A brief description of the activity follows:

Name of Event: *MN Twins Youth & Family Event*
Cost of Event: *\$20 includes ticket, transportation, hot dog and soft drink*
Destinations: *Metrodome, Minneapolis*
Designated Supervisors/drivers: *Teresa Farley-Severson*
Dates/Times: *Sunday, August 30th*
Departure: Meet in lower parking lot of Pax Christi at 10:30am.
Return: Late afternoon
Transportation provided by Rochester School Bus Company.

In consideration of the opportunity for my child to participate, and fully recognizing that such an undertaking involves an element of risk, I/we assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify, and agree to hold harmless the *Rochester Catholic Churches*, the Diocese of Winona, its agents, employees and officers and the chaperones, leaders, organizers, and sponsors and people transporting our child to and/or from these activities.

I hereby consent to participation by my child _____ in the event described above. I further consent to the conditions stated above on participation in this event, including the method of transportation.

In the event of an emergency and I/we cannot be contacted, I/we hereby authorize that emergency treatment may be administered. **(Please include a copy of your medical insurance card, both sides, with this form, in the return envelope unless Pax Christi Youth Ministry has a copy of 2008-2009 card on file).**

The following are special circumstances regarding my child which you should be aware of:

Participant: _____

Address: _____

Phone: _____

Emergency Contact Person: _____

Emergency Phone: _____

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

Please fill this out if Pax Youth Ministry Program doesn't have one on file.

MEDICAL CONSENT FORM

EMERGENCY MEDICAL TREATMENT:

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency treatment. I wish to be advised prior to any treatment by the hospital.

Parent (s) Name: _____ Child Name: _____ Age: _____

Address: _____

Signature: _____ / Email Address: _____

In the event of an emergency, and you are unable to reach me a the numbers on side 1, please contact:

First Contact: _____ Phone: _____

Relationship: _____

In the event of an emergency, and you are unable to reach me a the numbers on side 1, please contact:

Second Contact: _____ Phone: _____

Relationship: _____

GENERAL MEDICAL INFORMATION:

Family Physician: _____ Phone: _____

Family Health Plan Carrier: _____

Policy #: _____

Specific Allergic Reactions (medications, foods, plants, insects, etc...):

Date of Last Tetanus: _____

Any special medical conditions we should be aware of (chronic illnesses, physical limitations, medically prescribed diet, recently exposed to contagious diseases such as mumps, measles, chicken pox, etc.):

Medications (current or ongoing*): _____

*For day-long or overnight activities, please label your child's medication and include concise directions for amount and frequency of dosage. Then insure that this medication is turned in to the activity coordinator.

Please sign below IF you grant permission for non-prescription medication (such as aspirin, throat lozenges, cough syrup, Tylenol, etc.) to be given to your child, if deemed appropriate.

Signature: _____ Date: _____