



# St. Bridget Church

## MEDICAL & PERSONAL INFORMATION FOR PARISH YOUTH ACTIVITIES

SEPTEMBER 1, 2011 TO AUGUST 31, 2012

### Participant Information

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First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_ Preferred Name \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: **MALE** **FEMALE**

### Parent/Guardian Information

Parent's Name: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone ( ): \_\_\_\_\_ Work Phone ( ): \_\_\_\_\_  
 Cell Phone ( ): \_\_\_\_\_

### Emergency Contact Person(s)

Contact Name: \_\_\_\_\_  
 Phone Number(s) ( ): \_\_\_\_\_  
 Relationship to Participant: \_\_\_\_\_

### Insurance & Physician Information

Insurance Company: \_\_\_\_\_  
 Policy Holder's Name: \_\_\_\_\_  
 Insurance Number: \_\_\_\_\_  
 Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your child have any allergies? YES \_\_\_\_\_ (if yes, please list below) NO \_\_\_\_\_

Does your child presently take any medications? YES \_\_\_\_\_ (if yes, please list below) NO \_\_\_\_\_

Is there any other physical or emotional condition(s) of which we need to be aware?



# St. Bridget Church

St. Bridget Church ♦ 6006 Three Chopt Road ♦ Richmond, VA 23226 ♦ (804) 282-9511

**Type of Event:** Religious Education and Youth Ministry Activities

**Destination of events:** St. Bridget Church

**Dates of events:** all St. Bridget events in the Richmond, VA area from September 1, 2011 to August 31, 2012

**Individual/s in charge:** Teresa Lee, All Parent Chaperones, Monitors, and Catechists trained by St. Bridget Church

\*\*\*\*\* INFORMATION SPECIFIC TO EACH EVENT WILL BE SENT HOME PRIOR TO THE EVENT ITSELF. \*\*\*\*\*

## **Parental/Guardian Consent Form and Liability Waiver**

Participant's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

I, (Parent/Guardian above), grant permission for my child, (Participant above), to participate in this parish youth ministry event that requires transportation to a location away from the parish site and/or at the Parish Site. This activity will take place under the guidance and direction of parish employees and/or volunteers from the parish. A brief description of the activity is given at top of this page.

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by my child. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend this parish (listed above), its officers, directors and agents, and the Diocese of Richmond, Virginia, chaperones, or representatives associated with the event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Diocese of Richmond, chaperons, or representative associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

In the event of an emergency, I give authority to the adults listed below to authorize the medical treatment of (son/daughter's name here) \_\_\_\_\_ in my absence. I understand that an attempt to notify me will be made before any medical treatment is authorized. TREATMENT MAY BE AUTHORIZED BY ANY ONE OF THE FOLLOWING:

**Teresa Lee, All Parent Chaperones, Monitors and Catechists trained by St. Bridget Church**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Do we have permission to take and display photographs of your child in church and school publications or presentations?

YES \_\_\_\_\_ NO \_\_\_\_\_ Signature: \_\_\_\_\_