

## Long Term Medical Information and Liability Waiver 2009-10

As the parent/legal guardian of \_\_\_\_\_,  
I hereby grant permission to any staff person to obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter in the event that I cannot be reached.

In consideration of the wholesome recreational and learning experiences in which they will participate, I as parent/guardian of my child, do hereby agree to allow my child to attend ministry events with St. Pius X. I also agree to allow pictures and videos to be taken of my child and used in promotion of youth ministry.

In consideration of the opportunity for my son/daughter to participate in the Program, I agree to RELEASE AND HOLD HARMLESS AND INDEMNIFY St. Pius X parish, the Roman Catholic Bishop of Baltimore and his successors, a Corporate Sole, and all their agents, servants and employees from any liability, claims, demands and causes of action arising out of or relating to any loss, damage or injury sustained in connection with or arising out of my son/daughter's participation in this Pilgrimage experience.

\_\_\_\_\_  
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 next line if needed)

\_\_\_\_\_  
Name of Parent/Guardian

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Phone: Home

\_\_\_\_\_  
Cell

\_\_\_\_\_  
Work

- I do not have medical coverage and assume responsibility for the cost of hospitalization and medical care for my son/daughter.
- I am covered by hospitalization and medical insurance under policy:

# \_\_\_\_\_ issued by \_\_\_\_\_.

My child may be given, as necessary:

Acetaminophen: Yes\_\_\_ No\_\_\_

Tylenol: Yes\_\_\_ No\_\_\_

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date