



**DIOCESE OF SALT LAKE CITY  
OFFICE OF SAFE ENVIRONMENT**

**CONSENT TO PARTICIPATE**

Dear Parent/Guardian:

Your child is eligible to participate in a parish or school-sponsored event or program for the year 20\_\_ - 20\_\_ (including the following summer). The group will meet under the supervision of the staff of \_\_\_\_\_ parish or school in accordance with the policies of the Diocese of Salt Lake City (the "Diocese"). Please review, complete, sign, and return this form to the administrator in charge of the event or program.

**CHILD'S INFORMATION:**

Participant's name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: M/F  
 Home Address: \_\_\_\_\_ Current Grade: \_\_\_\_\_  
 City: \_\_\_\_\_ State: UT Zip Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Mobile Phone (*See Communications below*): \_\_\_\_\_  
 Email/Social Media (*See Communications below*): \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:**

Parent/Guardian 1: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
 Parent/Guardian 2: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
 Parent/Guardian Email 1: \_\_\_\_\_ Parent/Guardian Email 2: \_\_\_\_\_  
 Parent/Guardian Social Medias (*See Communications below*): \_\_\_\_\_  
 (Also to send information/updates for parish/school/diocesan events)

**EMERGENCY CONTACTS:** In the event of an emergency, if you are unable to reach a parent/guardian, please contact the following persons(s):

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
 Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

**INSURANCE INFORMATION:**

Medical/Dental Insurance Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**CONSENT:** I hereby consent to participation by my child in the parish or school-sponsored event or program. I hereby give my express and unqualified approval for my child's voice/verbal statements, written statements, portraits and/or video to appear in diocesan publicity, publications and/or public relations activities. The use of my child's voice/verbal statements, written statements, portraits and/or video may be used according to the sole discretion of the Diocese and is considered the property of the Diocese in perpetuity. No consideration, monetary or otherwise, shall be paid.

**RELEASE OF LIABILITY:** As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named minor. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Diocese of Salt Lake City, the Parish/School, the officers, directors, employees, agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish/school, its officers, directors and agents, and the Diocese of Salt Lake City, its employees and agents and chaperons, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the

parish/school or the Diocese of Salt Lake City.

**COMMUNICATIONS:** I hereby authorize leaders of the event or program to use organizational or group-sponsored means to contact my child in the following ways: Check only one box per media row. Please list contact information above.

Text Messaging:  contact child & parent/guardian or  ONLY contact parent/guardian  
Email:  contact child & parent/guardian or  ONLY contact parent/guardian  
Social Media:  contact child & parent/guardian or  ONLY contact parent/guardian

**SPECIFIC MEDICAL INFORMATION**

**MEDICAL MATTERS:** I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. Details are enumerated below.

Allergic reactions (medications, foods, plants, insects, etc.): \_\_\_\_\_  
\_\_\_\_\_

Date(s) of last tetanus/diphtheria immunization(s): \_\_\_\_\_

Does child have a medically-prescribed diet?  No  Yes

Any physical limitations?  No  Yes

Is your child subject to chronic homesickness, emotional reactions to new situations:  
sleepwalking, bedwetting, or fainting?  No  Yes

Has your child recently been exposed to contagious disease(s) or condition(s),  
such as mumps, measles, chicken pox or N1H1?  No  Yes

If “yes” has been marked for any of the above and/or the Parish/School should be aware of this or any other medical  
condition(s) of my child, please explain in detail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY MEDICAL TREATMENT:** In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. Initial: \_\_\_\_\_

**OTHER MEDICAL TREATMENT:** In the event it comes to the attention of the Parish/School/Diocese, its officers, directors, agents, chaperones, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, fever, diarrhea, or persistent sore throat, I understand I will be contacted for counsel on the proper steps and actions to take. Initial: \_\_\_\_\_

**MEDICATIONS:** My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(If your child does not take any prescription or non-prescription medication, please write N/A)

## CODE OF CONDUCT OF PARTICIPANT

In signing below, you agree to the following. Youth who fail to live up to these expectations may be excluded from activities; or at the time of the offense, parents will be asked to retrieve their child at their own expense.

- ✓ No possession or use of alcohol, drugs, tobacco, or other illegal/objectable material.
- ✓ No disruptive behavior, excessive noise, fireworks, lighters, explosives, or weapons of any kind.
- ✓ Dress appropriately and modestly for activities/events. Tasteless and revealing clothing are forbidden.
- ✓ Minors (under 18) may not drive to external event locations and may not drive vehicles during events.
- ✓ Respect the property of others and the facilities. If you break or damage something, you pay for it.
- ✓ Youth must remain with the adult chaperones/leaders and are expected to participate during the entire event/activity. Youth may not leave the conference/activity facilities without an adult leader.
- ✓ Report any accidents, incidents, injuries, or illnesses to an adult leader immediately.
- ✓ Respect the rules of the leaders, event and facility; such as quiet hours, curfews and cell phone use.
- ✓ Your behavior should reflect a credit to you, your parents and the Diocese of Salt Lake City.

Youth Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**The information provided in this form is correct to the best of my knowledge. I understand that in signing this document, I authorize verification of this information through communication with any person or organization named herein. I release from liability any person or organization which provides such information as well as the Diocese and the Parish/School. Furthermore, in the event of any changes in the above information, I shall provide the same in writing to the Parish and the Diocese.**

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_