

# Latin Mass

August 11  
At St. Alphonsus, Ballard

**Families Welcome!!!**

**RSVP to Colin**

Colin Lewis \* [colin@hfkparish.org](mailto:colin@hfkparish.org) \* 425-822-0295x108

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Primary Contact Email: \_\_\_\_\_

Phone 1: \_\_\_\_\_ (Who's phone is this: \_\_\_\_\_)

Phone 2: \_\_\_\_\_ (Who's phone is this: \_\_\_\_\_)

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact and Tele #: \_\_\_\_\_

## **Parental Health/Permission Form**

I \_\_\_\_\_ give my permission for my child \_\_\_\_\_ to participate in this event that requires transportation away from the parish site. This event will take place under the guidance and direction of parish employees and/or volunteers from Holy Family Kirkland on Aug. 11, 2019. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns to hold harmless and defend Holy Family Kirkland, its officers, directors, employees and agents, and the Archdiocese of Seattle, its employees and agents, chaperones or representatives associated with this event, and I agree to compensate the parish, its officers, directors and agents and the Archdiocese of Seattle from any claim arising from or in connection with my child attending the event or in association with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Archdiocese of Seattle, its employees and agents, chaperones or representatives associated with this 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/diocese.

Signature of Parent (and youth if 18 or older) \_\_\_\_\_ Date: \_\_\_\_\_

**Please fill out the back of this form completely. Thank you.**

**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. (Of the following statements pertaining to medical matters, sign only those that are applicable.)

**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. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name & relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_ Family doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Family Health Plan Carrier: \_\_\_\_\_ Policy#: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please chose one:**

**No medications of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.**

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

**I hereby grant permission for non-prescription medication (i.e. non-aspirin products such as acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.**

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

**Specific Medical Information:** The parish will take responsible care to see that the following information will be held in confidence.

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

Immunizations: Date of last tetanus/diphtheria immunization: \_\_\_\_\_

Any physical limitations? \_\_\_\_\_

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, etc. ? If so, list date and disease or condition: \_\_\_\_\_

You should be aware of these special medical conditions of my child:

**Photograph and Video Consent:** From time to time, pictures and video may be taken of youth ministry/parish/school events and gatherings. We would like to able to use these photographs and videos for flyers, parish and diocesan publications, and the ministry website. Written consent of both the student and the parent/guardian is required. Names will not be posted unless written authorization is given by the student and parent/guardian, and then only first names will be used. If there are concerns about pictures or videos posted on the website, please contact the organization or webmaster, and they will promptly be removed.

I, the parent/guardian of this youth \_\_\_\_\_ (name) authorize and give full consent, without limitation or reservation, to Holy Family Kirkland, and the Archdiocese of Seattle to publish any photograph or video in which the above named student appears while participating in any program associated with 12:2 Ministries. There will be no compensation for use of any photograph or video at the time of publication or in the future

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