

(STUDENT)

PARENTAL/ LEGAL GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participant's name: _____

Birth date: _____ Sex: _____

Parent/Guardian's name: _____

Home address: _____

Home phone: _____ Work phone: _____

I, _____ grant my permission for my child, _____
Parent or Guardian's name Child's name

To participate in this parish youth ministry event that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of parish employees and/or volunteers from Holy Ghost Catholic Church
Name of parish

A brief description of the activity that follows:

Type of event: Abbey Youth Fest
Destination of event: St Joseph Abbey, 75376 River Rd, St. Benedict, LA 70457
Individual in charge: Nicole Richard, Youth minister
Estimated time of program: Saturday, March 21, 2020 10am - 4pm
(meet at Holy Ghost 8am for check-in)

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 Ghost Catholic Church, its officers, directors, employees
Name of parish

and agents, and the Diocese of Baton Rouge, its employees and 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, its officers, directors and agents, and the Diocese of Baton Rouge, its employees and agents and chaperones, or representative associated with the event for reasonable attorney's fees and expenses which they 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: _____ Date: _____

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 my permission to transport my child to a hospital for emergency medical or surgery 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: _____

Other Medical Treatment

In the event it comes to the attention of the parish, its officers, directors and agents, and the Diocese of Baton Rouge, chaperones, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reversed to myself).

Signature: _____ Date: _____

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: _____

Signature: _____ Date: _____

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

Signature: _____ Date: _____

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: _____

Specific Medical Information

The diocese will take reasonable care to see that the following information will be held in confidence.

Allergy reactions (medications, food, plant, insects, etc.): _____

Immunizations: Date of last tetanus/diphtheria immunization: _____

Does child have any medically prescribed diet/vegetarian? _____

Any physical limitations? _____

Is child subject to chronic homesickness, emotional reactions, to new situations, sleepwalking, bedwetting, fainting? _____

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

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

PLEASE NOTE:

A copy of your medical insurance card is required. Please send a copy with your application