

CHAPERONE CONSENT FORM AND LIABILITY WAIVER

Chaperone's name: _____

Birth date: _____ Sex: _____

Home address: _____

Home phone: _____ Work phone: _____

I, _____
chaperone's name

Will 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 St. Anne (Sorrento)/ St. Anthony (Darrow).
Name of parish

A brief description of the activity that follows:

Type of event: Abbey Youth Festival

Destination of event: St. Joseph Abbey & Seminary College 75376 River Rd. St. Benedict LA 70457

Individual in charge: Shanon Collins

Estimated time of program: 8:00am - 10:15pm 3/21/2015

I remain legally responsible for any personal actions taken by the above named ("chaperone").

I agree on behalf of myself, my heirs, successors, and assigns, to hold harmless and defend St. Anne(Sorrento)/St. Anthony(Darrow), its officers, directors, employees 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 myself 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: _____

PLEASE NOTE:

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

MEDICAL MATTERS

I hereby warrant that to the best of my knowledge, I am in good health, and I assume all responsibility for the health of myself. (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 be transported 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 I become unconscious, contact:

Name & relationship: _____

Phone: _____ Relationship _____

Family doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy #: _____

Signature: _____ Date: _____

Other Medical Treatment

Medications

_____ I am taking prescription medication at present. I will bring all such medications necessary, and such medications will be well labeled.

_____ I am not taking prescription medication at present.

Signature: _____ Date: _____

Specific Medical Information

The parish 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: _____

Do you have any medically prescribed diet? _____

Any physical limitations? _____

Have you 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: _____
