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:** Diocesan Youth Conference
- **Destination of event:** Catholic Life Center – Baton Rouge
- **Individual in charge:** Shanon Collins
- **Estimated time of program:** Feb 28, 2015 8:00 am – 9:30pm

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: _______________

____