

**PARENTAL/ LEGAL GUARDIAN CONSENT FORM AND  
DIOCESAN 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 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

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 St. Anne(Sorrento)/St. Anthony(Darrow), its officers, directors, Name of parish 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 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: \_\_\_\_\_

Complete form on the back of this page.

**Please Note: A copy of your medical insurance card must be attached to the consent form.**

## **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.

### **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 #: \_\_\_\_\_

### **Other Medical Treatment**

In the event it comes to the attention of the parish, its officers, directors and agents, and the Arch/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 or diarrhea, parent/emergency contact will be called collect if necessary.

### **Medications (Please check one only)**

\_\_\_\_\_ 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: \_\_\_\_\_

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

### **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, special diet ,etc.):

\_\_\_\_\_

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

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/limitations of my child:

\_\_\_\_\_

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