

**FORM A**

**PARENT/GUARDIAN CONTINUING CONSENT FORM AND LIABILITY WAIVER (page 1)**

Participant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Parent(s)/Guardian(s) \_\_\_\_\_

Home Phone \_\_\_\_\_ Parent(s) Work Phone \_\_\_\_\_ Parent(s) Cell Phone \_\_\_\_\_ Parent(s) Email \_\_\_\_\_

Emergency Contact NOT Living at Home: Name/Address: \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_ Physician \_\_\_\_\_ Phone \_\_\_\_\_

Parish and Town \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Grade in Fall of Year this Form was Completed \_\_\_\_\_

Participant's Email \_\_\_\_\_ Participant's Cell Phone \_\_\_\_\_ T-Shirt Size (circle one) S M L XL 2X

**Providing the email address and cell phone number grants permission for electronic communication from group leader(s) to this young person in regards to all group activities.**

If you **do not** want your child to be contacted via electronic communication, please check here. \_\_\_\_\_

If you **do** want to be copied on any electronic communication to your child, please check here. \_\_\_\_\_

If participant is 18 years or older, consent must be signed by the participant and parent(s).

I (name of parent/guardian) \_\_\_\_\_ and (name of participant) \_\_\_\_\_

grant permission and request that my child/I \_\_\_\_\_ be allowed to participate in all parish and/or diocesan events.

I understand that each fiscal year, I will be provided with **Form B**, Annual Update to recognize any changes recorded in this consent and liability form.

I understand that for each separate event, I will be provided a **Form E**, *Specific Event Consent and Release* to sign. This form will give the exact name of the event, date, time and location and ONLY this form will be acceptable. You are encouraged to have current photo identification for your child to carry at all times.

I further understand and recognize that this agreement is a continuing one and valid on a continuing basis so long as I/my child participate in parish/diocesan events. My child's/my participation in this event is voluntary. In consideration of this and other things, I release, discharge, indemnify and hold harmless the chaperones or their agents from any liability for my child's/my physical injury, including death or illness. I release, discharge and agree to hold the chaperone harmless from any and all claims arising out of or accruing during the trip/event. I agree and consent that my child's/my release, discharge, indemnity and hold harmless shall be binding upon me as parent, guardian and/or next friend of my child, and shall be binding upon my child's/my estate, heirs, personal representatives and assigns. I also agree to defend, indemnify and hold harmless the chaperones from any claim asserted by my child/me should my child repudiate his or her release after obtaining adulthood. I understand that the Roman Catholic Church, the Roman Catholic Diocese of Jackson or any Roman Catholic Church/Parish shall not be liable, in any way, for any injury, including death or illness, which may occur during the event.

**VIDEO/PHOTOGRAPHY CONSENT**

As parent/guardian/adult participant, I understand that promotional pictures and videos (individual and group) may be taken during events. I give permission for my son's/daughter's/ward's/my picture to be used for promotional materials (newsletter, web page, calendars, power point, video, social media etc.) on highlighting this event. \_\_\_\_\_ please initial.

**FORM A**

PARENT/GUARDIAN CONTINUING CONSENT FORM AND LIABILITY WAIVER (page 2)

Medical Consent

I hereby warrant, to the best of my knowledge, my child (I am) is in good health, and I assume responsibility for the health of my child/my health. \_\_\_\_\_

In the event of an emergency, I hereby give permission to transport my child (me) to a hospital for emergency medical or surgical treatment. \_\_\_\_\_

Medications

My child (I am) currently taking medications and will bring all such medications, well and correctly labeled, that are necessary. Names of medication that my child (I am) currently taking and concise directions for such medications, including dosage and frequency are as follows:

Medication	Dosage	Frequency of Administration
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_ I hereby DO NOT GRANT PERMISSION for medication of any type, whether prescription or nonprescription to be administered to my child (me) unless the situation is life threatening and emergency treatment is required. (Please initial.)

\_\_\_\_\_ I hereby GRANT PERMISSION for nonprescription medication (such as Tylenol, throat lozenges, cough syrup) to be given to my child (me) if deemed advisable. I understand that aspirin will not be given to my child (me) due to the connection to Reyes Syndrome. (Please initial.)

Diocesan/parish personnel will take reasonable care to see the following information will be held in confidence. My child has/ I have had:

\_\_\_ seizures    \_\_\_ asthma    \_\_\_ diabetes    \_\_\_ heart defect/disease    \_\_\_ depression/anxiety    \_\_\_ other

If answered yes to any of above, what is current status of condition? \_\_\_\_\_

Surgery in the last six months?    \_\_\_ yes \_\_\_ no    Remains under physician's care?    \_\_\_ yes    \_\_\_ no

Any medically prescribed diet?    \_\_\_ yes \_\_\_ no    If yes, describe \_\_\_\_\_

Physical limitations?    \_\_\_ yes \_\_\_ no    If yes, describe \_\_\_\_\_

Immunizations current?    \_\_\_ yes \_\_\_ no    If no, what immunizations are not current? \_\_\_\_\_

Date of last tetanus vaccine \_\_\_\_\_    Other pertinent medical information \_\_\_\_\_

Insurance Information

Insurance Carrier \_\_\_\_\_    Name of Insured \_\_\_\_\_

Policy Number \_\_\_\_\_    Please attach a copy of front and back of insurance card.

\_\_\_\_\_ I currently do not have medical insurance for my child/me and understand payment in full for medical care is responsibility of the patient.

If chaperones become aware that my child is/ I am ill with repeated symptoms of headache, vomiting, sore throat, fever, diarrhea, I want to be called immediately. If unavailable, call the emergency contact.

Signature of Parent or Guardian \_\_\_\_\_    Date \_\_\_\_\_

Signature of Participant \_\_\_\_\_    Date \_\_\_\_\_  
(if 18 years of age or older)

**FORM A**

**PARENT/GUARDIAN CONTINUING CONSENT FORM AND LIABILITY WAIVER (page 3)**

**Youth Code of Conduct**

No drugs, tobacco, alcohol, fireworks, matches, cigarette lighters, devices or weapons that would endanger people, animals or property.

Clothing should be appropriate which prohibits short shorts, tank tops, baggy pants, bikinis, any showing of underwear, any reference to alcohol/tobacco products including insignias or advertisements. We reserve the right to declare clothing inappropriate.

Language and behavior should exemplify Christian values.

Participants will respect the rights and property of others. Neither vandalism nor stealing will be tolerated. Financial obligations that results from such behavior, will be the sole responsibility of the youth and his/her family.

Males and females are not, at any time, to be in each other's sleeping quarters.

If applicable, you must wear the required event identification at all times.

Participants may not leave the event site without the express permission of the event coordinator.

Personal electronic devices are only permitted at specified times and may be collected and held by adult leaders to ensure compliance.

Participants must adhere to stated curfew.

Maintain the spirit of the event by attending all meetings on time and in their entirety.

Participants will abide by any other rules as specified for a specific event and no individual adult may interfere or void these.

Participants are responsible for personal belongings.

Participants are to go immediately to a trusted adult to discuss any problems that may occur.

I have read the foregoing and understand the Code of Conduct and will abide by it and any other event specific rules. I understand and agree that my parents or guardians will be notified at the time of any infraction requiring my dismissal from the event and that I will be sent home at (my)/the expense of my parents or guardians. Should the infraction violate local or state ordinances, or laws, the misconduct may be reported to the authorities.

Signature of Participant \_\_\_\_\_

Date \_\_\_\_\_

I agree that my child is expected to abide by all rules as outlined in the Code of Conduct and any other event specific rules and if my child fails to abide by this code, he/she will be dismissed from this activity and sent home at his own/my expense with no right of reimbursement. Should the infraction violate local or state ordinances or laws, the misconduct may be reported to the authorities.

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

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**In signing Form A, PARENT/GUARDIAN CONTINUING CONSENT FORM AND LIABILITY WAIVER, I certify that all information contained herein is true and accurate to the best of my knowledge. This form will remain in effect until participant graduates from high school. Participant will graduate in the year \_\_\_\_\_.**

\_\_\_\_\_  
Printed Name of Parent or Guardian

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Participant 18 years or older

\_\_\_\_\_  
Signature of Participants 18 years or older

\_\_\_\_\_  
Date

**FORM E**

SPECIFIC EVENT<sup>1</sup> REQUEST, CONSENT AND RELEASE

I request and give my permission for my child, \_\_\_\_\_  
to attend the following listed specific event:

EVENT: \_\_\_\_\_

SITE: \_\_\_\_\_

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Printed Name of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participant 18 years or older

\_\_\_\_\_  
Printed Name of Parent or Guardian

\_\_\_\_\_  
Date

Parent Cell \_\_\_\_\_

**1 The designated event may be a recurring event in which instance this Consent and Release applies with equal force to each occasion of any such recurring event. In other words, if you visit your local retirement facility every third Thursday of each month. Form E will only be completed one time for that particular event and applies to all such visits.**

**FORM B**

ANNUAL UPDATE

Participant's Name \_\_\_\_\_

I acknowledge having executed Form A, Parent/Guardian Continuing Consent Form and Liability Waiver, or Form C, Adult Youth Ministry Leader/Chaperone Medical Release and Liability Form, and that it remains in effect, thus, releasing Office of Youth Ministry, Office of Youth Ministry staff, parish and parish staff, additional chaperones and the Diocese of Jackson from any and all liabilities and waive all claims against them; and, requesting that proper medical treatment be obtained for my child should it become necessary.

Please check all items which apply:

\_\_\_\_\_ Since execution of Form A, there have been no changes in home address, home telephone number, employment numbers, mobile phone numbers, email addresses, emergency contact or other pertinent information for my child (me).

\_\_\_\_\_ Since execution of Form A, there have been changes in home address, home telephone number, employment numbers, mobile phone numbers, email addresses, emergency contact or other pertinent information for my child (me). These changes are listed below.

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Since execution of Form A, there have been no changes in medication or medical conditions for my child (me).

\_\_\_\_\_ Since execution of Form A, there have been changes in medication or medical conditions for my child (me). These are listed below.

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Since execution of Form A, there have been no changes in insurance coverage for my child (me).

\_\_\_\_\_ Since execution of Form A, there have been changes in insurance coverage for my child (me). These are listed below.

\_\_\_\_\_  
\_\_\_\_\_

Please include a copy of any new or updated insurance card.

\_\_\_\_\_  
Signature of Parent/Guardian/Adult

\_\_\_\_\_  
Printed Name of Parent/Guardian/Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participant 18 years or older

\_\_\_\_\_  
Printed Name of Participant 18 years or older

\_\_\_\_\_  
Date

FORM C ADULT YOUTH MINISTRY LEADER/CHAPERONE MEDICAL RELEASE AND LIABILITY FORM

I, \_\_\_\_\_ do hereby release, indemnify, hold harmless and discharge the Catholic Diocese of Jackson, the parish, its staff and volunteers from any and all liability, claim, loss, damage, cost or expense arising from my participation in any event. I waive any such claims against such organization or any such person, arising directly or indirectly from or attributable, in any legal way, to any action or omission to act of any such organization or person in connection with execution of any event. I authorize treatment by a licensed medical physician or licensed medical professional or team in case of any accident or illness that may so arise, or any hospitalization necessary. I further understand and recognize that my participation in this trip is voluntary. In consideration of this and other things, I release, indemnify and hold harmless the chaperones or their agents from any liability for my physical injury, including death or illness. I consent to release, indemnify and agree to hold the chaperones harmless from all claims arising out of or accruing during the trip. I agree and consent that my release, indemnity and hold harmless shall be binding upon my estate, heirs, personal representatives and assigns. I understand that the Roman Catholic Church, the Roman Catholic Diocese of Jackson or any Roman Catholic Church/Parish shall not be liable, in any way, for any injury, including death or illness, that may occur during the trip. I agree to abide by the values and morals of the Roman Catholic Church as I supervise the minors in my care.

I have undergone the Child Protection and Safety training and personal background check as mandated by the Catholic Diocese of Jackson both of which are current and up to date.

Print Name \_\_\_\_\_
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
Parish and Town \_\_\_\_\_ Home Telephone \_\_\_\_\_ Mobile Telephone \_\_\_\_\_
Physician's Name \_\_\_\_\_ Physician's Telephone Number \_\_\_\_\_

The following information is pertinent and necessary if you are rendered unconscious.

Date of Birth {including year} \_\_\_\_\_ Age \_\_\_\_\_ Date of Last Tetanus Vaccine \_\_\_\_\_

Please list ALL medications, prescription and/or nonprescription you are taking.

\_\_\_\_\_
\_\_\_\_\_

\_\_\_\_\_ No, I do not carry medical insurance.
\_\_\_\_\_ Yes, I carry medical insurance.

Insurance Carrier: \_\_\_\_\_ Name of Policy Holder: \_\_\_\_\_
Policy Number: \_\_\_\_\_ Name of Emergency Contact: \_\_\_\_\_
Emergency Contact Telephone: \_\_\_\_\_

Please include of a copy of your medical insurance card (front and back).

Payment in full for medical care is the responsibility of the patient.

In signing this Medical Release and Liability Form I agree to abide by the Code of Conduct and any and all event specific rules. Should I not be able to maintain the guidelines and expectations of the adult chaperones, I understand there will be consequences for my actions, which could include being asked to leave the event. In signing Form C, ADULT YOUTH MINISTRY/CHAPERONE MEDICAL RELEASE AND LIABILITY FORM, I certify that all information contained herein is true and accurate to the best of my knowledge. This form remains in effect for six years.

Signature of Adult Youth Ministry Leader/Chaperone \_\_\_\_\_ Printed Name of Adult Youth Ministry Leader/Chaperone \_\_\_\_\_ Date \_\_\_\_\_

