

FORM A: PARENT/GUARDIAN ANNUAL CONSENT FORM AND LIABILITY WAIVER

Participant's Name _____ Date of Birth _____

Home Address _____ City/Zip _____

Parent(s)/Guardian _____

Home Phone _____ Work Phone _____ Cell Phone _____

Emergency Contact NOT Living at Home Address _____ Phone _____

Relationship _____ Physician _____ Phone _____

Parish and Town _____ Grade _____ Age _____ Sex _____

Parent's Email _____ Parent's Cell Phone _____

Participant's Email _____ Participant's Cell Phone _____

T-Shirt Size (Circle One): Small Medium Large XL XXL XXXL

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

If participant is 18 years or older, consent must be signed by the participant and parent(s).
 I (name of parent/guardian/18 year old or older participant) _____
 grant permission and request that my child, _____ be allowed to participate
 in all parish and/or diocesan events for the fiscal year July 1, 2009-June 30, 2010.

I understand that for each separate event, I will be provided a Form E: Event Specific 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. ***Participant must have current, valid photo identification and carry at each event.***

I further understand and recognize that my child's/my participation in this event is voluntary. In consideration of this and other things, I release, discharge 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 chaperones harmless from any and all claims arising out of or accruing during the trip. I agree and consent that my child's/my release, discharge 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, that may occur during the event.

VIDEO/PHOTOGRAPHY CONSENT

As parent/guardian/adult participant, I understand that promotional pictures and videos (individual and group) will be taken during this event. 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 etc.) on highlighting this event.

Diocese of Jackson
FORM B: MEDICAL CONSENT FORM

Office of Youth Ministry

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.

Emergency Medical Treatment

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

Medication _____ Dosage _____ Medication _____ Dosage _____

Administer _____ Administer _____

_____ 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.)

Medical Disclosure Information

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

_____ seizures _____ asthma _____ diabetes _____ heart defect/disease _____ depression/anxiety

_____ other If yes to any, what is current status of condition? _____

Any surgery in last six months? _____ yes _____ no Still under physician's care? _____ yes _____ no

Medically prescribed diet consisting of _____

Any physical limitations? _____

Immunizations current? _____ yes _____ no Date of last tetanus? _____

Any other pertinent medical information _____

Insurance Information: Insurance Carrier: _____

Name of Insured: _____ Policy Number: _____

Please attach a copy (front and back) of insurance card.

_____ I currently do not have medical insurance for my child/me.

If chaperones become aware my child /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 18 years of age or older Date

No drugs, tobacco, alcohol, fireworks, matches, cigarette lighters, or weapons that would endanger people, animals, 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 result from such behavior, will be the sole responsibility of the youth and his/her family.

Males and females are not 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 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/Guardian

Date

In signing Form A, B, and C, I certify that all information contained herein is true and accurate to the best of my knowledge.

NOTARY

STATE OF _____

COUNTY OF _____

This day personally came and appeared before me the undersigned authority in and for the aforesaid jurisdiction, the within named _____ who, being by me first duly sworn, state on oath that the matters and things contained and set forth in the above and foregoing application are true and correct as therein stated.

Signature of Parent or Guardian

Printed Name of Parent or Guardian

Signature of 18 year or older Participant

Printed Name of 18 year or older Participant

Sworn to and subscribed before me on this the _____ day of _____, 20 _____.

Notary Public

My Commission Expires: _____

SEAL

FORM D: Adult Youth Ministry Leader/Chaperone Medical Release and Liability Form

I, _____, do hereby release, hold harmless and discharge the 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 this event. I waive 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 this event. I authorize treatment by a licensed medical physician or licensed medical 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 have undergone the Child Protection and Safety training and personal background check as mandated by the Diocese of Jackson both of which are current and up to date.

Print Name

Address Street City State Zip Code

Parish and Town Home Phone Work Phone

Physician's Name Physician's Phone Number

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

Date of Birth (*including year*) _____ Age _____ Date of last tetanus shot: _____

Please list ALL medical condition/allergies/special health information including bouts with depression and anxiety:

Please list ANY medications, prescription and/or nonprescription, you are taking:

Insurance Information _____ No, I do not currently carry medical insurance.

Insurance Carrier: _____ Name of Policy Holder: _____

Policy Number: _____ Attach a copy of your insurance card front and back

Name of Emergency Contact and Phone Number: _____

If the participant does not have insurance, 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/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.

Signature of Adult Youth Ministry Leader/Chaperone Date

In signing Form D, I certify that all information contained herein is true and accurate to the best of my knowledge.

NOTARY

STATE OF _____

COUNTY OF _____

This day personally came and appeared before me the undersigned authority in and for the aforesaid jurisdiction, the within named _____ who, being by me first duly sworn, state on oath that the matters and things contained and set forth in the above and foregoing application are true and correct as therein stated.

Signature of Parent or Guardian

Printed Name of Parent or Guardian

Sworn to and subscribed before me on this the _____ day of _____, 20 _____.

Notary Public

My Commission Expires: _____

SEAL

FORM E: EVENT SPECIFIC REQUEST, CONSENT, RELEASE

I request (and give my permission for my child), _____
(print full name)

to attend the following listed specific event:

Event: _____

Held At: _____

Date: _____

From/To: _____

Participant must have current, valid photo identification (driver license, school badge) and have at each event

I acknowledge the Form A: Parent/Guardian Consent and Liability Release and Form B: Medical Consent and Release remain in effect, thus, releasing Office of Youth Ministry, OYM staff, parish, 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 any of the following which apply:

_____ There have been no changes in medical condition(s) of my child (me).

_____ There have been changes in medical condition(s) of my child (me) and are listed below:

_____ There have been no changes in medication for my child (me).

_____ There have been changes in medication for my child (me) and are listed below:

_____ There have been no changes in insurance coverage for my child (me).

_____ There have been changes in insurance coverage for my child (me) and they are listed below:

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

Signature of Parent or Guardian

Name of Parent or Guardian and Date
(please print clearly)

Signature of 18 year or older Participant

Name of 18 year or older Participant and Date
(please print clearly)