

St. Helena Catholic Church

Minor Consent Form and Liability Waiver Field Trip or Youth Activity

Participant's Name: _____

Birth Date: _____ Grade: _____ School: _____ Sex: F/M

Parent/Guardian's Name: _____

Home Address: _____

Phone: Home _____ Cell _____ Work _____

I, _____ grant permission for my child to participate in this St. Helena Catholic Church Youth event that will require transportation to a location away from the parish grounds. This event will take place under the guidance and direction of Parish employees and/or volunteers from St. Helena Catholic Church.

Description of Activity or Event (Please Choose):

Date of Event: _____ Saturday, March 17, 2018 _____

Location/Destination of Event: _____ Abbey Youth Festival _____

Designated Individual in Charge: _____ Laura Faust / Donna Ponson _____

Estimated Time of Departure: _____ 8am _____ and Return _____ 10pm _____

Cost of Event: _____ \$48.00 (THIS DOES INCLUDE FOOD) _____

Mode of Transportation to and from event (Please Choose):

I will use Transportation Provided by Parish _____

I will use personal Transportation (will meet at event site) _____

(If child drives to the event, St Helena is not legally responsible for any harm that may incur to or from the event.)

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 and my child named herein, and our heirs, successors, and assigns, to hold harmless and defend St. Helena Catholic Church, its officers, directors, employees and agents and the Diocese of Baton Rouge, its employees and agents, chaperons, 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 costs 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 chaperons, or representative associated with the event for reasonable attorney's fees and expenses which 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: _____

Printed Name of Parent/Guardian: _____

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.

Medical Info: The Parish will take reasonable care to see that the following information is held in confidence.

Allergic reactions (Medications, foods, plants, insects, etc.) _____

Does child have a medically prescribed diet? _____

Does child have any physical limitations? _____

Has child recently been exposed to contagious disease or conditions such as mumps, measles, chicken pox, etc.?

Date of last tetanus/diphtheria immunization: (month and/or year) _____

You should be aware of these special medical conditions of my child:

Medications: My child is taking medication at present. My child will bring all such medications necessary, and such medications will be will labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and the frequency of dosage are as follows:

Signature: _____ Date: _____

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical 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 numbers I have provided on the reverse, please contact:

Name and relationship: _____

Phone: _____ Family Doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy #: _____

Signature: _____ Date: _____

Other Medical Treatment: In the event it comes to the attention of the St. Helena Catholic Church Parish or Diocese of Baton Rouge, their officers, directors, employees, agents, representatives, or chaperons, associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever or diarrhea, I want to be called at numbers provided.

Signature: _____ Date: _____

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

Signature: _____ Date: _____

I hereby grant permission for non-prescription medication (such as non-aspirin products, i.e. acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: _____ Date: _____