

**St. Helena Catholic Church**  
**Parent/Guardian Consent Form and Liability Waiver**  
**Field Trip or Youth Activity**

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

Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Business \_\_\_\_\_

I, \_\_\_\_\_ grant permission for my child, \_\_\_\_\_

Parent or guardian's name

Child's name

to participate in this Parish event that requires 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 Parish.

Description of Activity or Event:

Type of Event: \_\_\_\_\_

Location/Destination of Event: \_\_\_\_\_

Designated Individual in Charge: \_\_\_\_\_

Estimated Time of Departure \_\_\_\_\_ and Return \_\_\_\_\_

Mode of Transportation to and from event (options – please choose):

Use Transportation Provided by Parish: \_\_\_\_\_

\*\*Personal Transportation (will meet group at event site) \_\_\_\_\_

**(IMPORTANT \*\*Participants are NOT allowed to drive themselves to 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.

**Specific Medical Information:** 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 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: \_\_\_\_\_  
\_\_\_\_\_

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 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: \_\_\_\_\_