

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 Address/Name _____ Phone _____

Relationship _____ Physician _____ Phone _____

Parish and Town _____ Age _____ Sex _____ Grade in Fall of Year Form 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 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 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. 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 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.

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/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 if 18 years of age or older

Date

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

FORM A

PARENT/GUARDIAN CONTINUING CONSENT FORM AND LIABILITY WAIVER (page 4)

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.

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, stated on his/her 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 Participant 18 years or older

Printed Name of Participant 18 years or older

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

Notary Public

My Commission Expires: _____

SEAL

FORM E _____

SPECIFIC EVENT¹ 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

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

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 (page 1)

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 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.

Signature of Adult Youth Ministry Leader/Chaperone

Printed Name of Adult Youth Ministry Leader/Chaperone

Date

FORM C ADULT YOUTH MINISTRY LEADER/CHAPERONE MEDICAL RELEASE AND LIABILITY FORM (page 2)

In signing Form C, ADULT YOUTH MINISTRY LEADER/CHAPERONE MEDICAL RELEASE AND LIABILITY FORM, 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, stated on his/her 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 Participant 18 years or older

Printed Name of Parent or Guardian

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

Notary Public

My Commission Expires: _____

SEAL