

**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 \_\_\_\_\_  
(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 \_\_\_\_\_

\*\*\*\*\*

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