

Diocese of Corpus Christi/ Office of Youth Ministry
Vocation Office- EXPLORE 2021
**PARENTAL/GUARDIAN CONSENT, LIABILITY WAIVER AND
MEDICAL CONSENT**

Participant's Name _____ Date of Birth _____
Home Address _____
City _____ Zip Code _____
Parent(s)/Guardian(s) _____
Cell Phone (_____) _____ Home Phone (_____) _____
Email Address: _____
Parish or Catholic School _____ Grade _____ Age _____ Sex _____

**PARTICIPATION CONSENT, LIABILITY WAIVER &
PHOTOGRAPHY/VIDEOGRAPHY CONSENT**

Important! To be filled out by the Parent/Guardian for youth under 18 years of age.
If participant is 18 years of age or older, consent must be signed by the individual)

I (name of parent/guardian) _____, grant
permission for my child, (participant's name) _____,
to participate in **EXPLORE 2021** to be held **July 15 & 16, 2021**
at St. Pius X Catholic Church, 5620 Gollihar Rd., Corpus Christi, Texas

I agree on behalf of myself, my child's other parent if known or living (name of parent) _____,
my child named herein, or our heirs, successors, and assigns, to release and hold harmless and defend the
Diocese of Corpus Christi, the sponsoring parish (its pastor, youth minister, principal, other agents, etc.) or any
representatives associated with the scheduled activity from all damages, claims, suits, expenses and payments for
injury to my child and/or property, including all damages, claims, suits, expenses and payments resulting from the
negligence of the Diocese of Corpus Christi, and parish, and/or their officers, directors, and employees.

**As parent/guardian, I understand that promotional pictures (individual and group) will be taken during this
event. I give permission for my son's/daughter's picture to be used for promotional materials (newsletter, web
page, calendars, power point, video, etc.) in highlighting the event.**

Signature (Parent/Guardian)

Date

Signature (Participant 18 years of age or older must sign own consent)

Date

MEDICAL CONSENT

Medical Matters

I hereby warrant to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. Of the following statements pertaining to medical matters, sign only those in accordance with your wishes:

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 and you are unable to reach me, contact:

Name & Relationship _____ Phone _____
Family Doctor _____ Phone _____

Medications:

My child will bring all such medications, well labeled, that are necessary. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency are as follows:

Medication(s): _____ Dosage: _____
Administer: _____

_____ I hereby **Do Not Grant Permission** for medication of any type, whether prescription or nonprescription may be administered by my child 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, if deemed advisable. I understand that Aspirin will not be given to my son/daughter. (Please initial)

Medical Conditions Information

(Diocesan personnel will take reasonable care to see that the following information will be held in confidence.)
My son/daughter has had an episode of the following or has been diagnosed: Seizures Asthma Diabetic
Allergic reactions to the following (foods, dyes, latex etc.) _____
Has had a medical surgery within the last six months? Yes No Still under doctor's care? Yes No
Has a medically prescribed diet? _____
The following physical limitations? _____
Immunizations current and up to date: Yes No Date of last tetanus/diphtheria immunization _____
You should also be aware of these special medical conditions of my child: _____

Insurance Information

(Please attach a copy of the Insurance Card, front and back, with this form)

Insurance Carrier: _____
Name of Insured: _____
Insurance Policy Number: _____

Father's Name: _____ Day Phone: _____
Mother's Name: _____ Day Phone: _____

No, I do not carry medical insurance at this time.

In the event it comes to the attention of the chaperones associated with the activity that my child becomes ill with repeated symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called immediately. If this will be a long distance call, I want to be called collect (with phone charges reversed to myself).

I fully understand the foregoing statements and sign this Parental/Guardian Medical Consent Waiver knowingly, freely, and willingly.

Signature (Parent/Guardian) _____
Date

Signature (Participant 18 years of age or older must sign own consent) _____
Date



**DIOCESE OF
CORPUS CHRISTI**

**Office of General Counsel
555 N. Carancahua, Ste. 750
Corpus Christi, TX 78403**

COVID 19 / COMMUNICABLE DISEASE ACKNOWLEDGMENT WAIVER

The Diocese of Corpus Christi and its parishes and schools have put in place preventative measures to reduce the spread of COVID-19 and other communicable disease. These measures may be required to best protect against the introduction of viruses at the parishes and schools, including but not limited to hygiene practices, completion of screening forms, social distancing, and the use of personal protective equipment such as masks and/or gloves. Even by following all best practices for preventative measures, the Diocese, Parish and School cannot guarantee that infection with COVID-19 or another communicable disease will not occur.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I could possibly be exposed to or infected by COVID-19, by participating in the activities of Parish and/or School, and that such exposure or infection may result in personal injury, illness, permanent disability, and even death. I understand that the risk of becoming exposed to or infected by COVID-19 at the Parish or School, or by travel, may result from the actions, omissions or negligence of myself and others, including but not limited to, employees and volunteers of the Diocese of Corpus Christi, its parishes and its schools.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself, including but not limited to, personal injury, disability, death, illness, damage, loss, claim, liability or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren) attendance at School or any School or Parish activity. On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge and hold harmless The Diocese of Corpus Christi, its parishes and schools, their employees, volunteers, agents and representatives of and from any and all claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto unless due to the gross negligence on behalf of the Parish or School. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of any of the foregoing persons or entities, its employees, volunteers, agents and representatives, whether a COVID-19 infection or communicable disease occurs before, during or after participation in any Parish or School program or activity.

PARENT/GUARDIAN

DATE

PARENT/GUARDIAN NAME - PRINTED

CHILD(REN) NAME(S)