

Our Lady of the Most Holy Rosary Roman Catholic Church
St. Frances Xavier Cabrini Mission
2018/2019

Parental/Guardian Consent Form and Liability Waiver

I, (Name of Parent or Guardian) _____ grant permission for my child to participate in any of the following:

- **Life Teen/Edge Retreats (Fall, Spring, Confirmation and Grade Level Retreats)**
- **All Life Teen / Edge Issue and Social Nights**
- **Steubenville Summer Conference**
- **All fundraisers and activities**

I agree on behalf of myself, and my child's other parent, (Name of other Parent) _____ that my child herein named, or our heirs, successors, and assigns, to hold harmless and defend the organizers of **Our Lady of the Most Holy Rosary Roman Catholic Church, St. Frances Xavier Cabrini Mission, its Bishop and their successors**, chaperones, or representatives associated with the Diocese of Lafayette with respect to any and all actions, claims, or demands that may be made or brought against them, arising from or in connection with any injury or illness arising from attendance at or traveling to or from the event.

I (we) authorize **Our Lady of the Most Holy Rosary Roman Catholic Church, St. Frances Xavier Cabrini Mission** person or adult in whose care the minor has been entrusted, to consent to any X-Ray examination, anesthetic, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician, or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs expenses incurred in connection with such medical and dental services rendered to the aforementioned child.

Should it be necessary for our (my) child to return home due to medical reasons or disciplinary actions or otherwise, the undersigned shall assume all transportation responsibilities.

THIS FORM MUST BE SIGNED BY ALL PARTICIPANTS. IF PARTICIPANTS ARE UNDER 18, PARENT OR LEGAL GUARDIAN MUST ALSO SIGN.

Participant Signature: _____ Parent/Legal Guardian Signature: _____

Date: _____ Date: _____

MEDICAL MATTERS:

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

MEDICATIONS: My child is taking medications at present. My child will bring all such medications necessary, and such medication will be well-labeled. All medications will be brought to the proper authority upon arrival at the Retreat.

Signature: _____ Date: _____

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

Signature: _____ Date: _____

I hereby grant my permission for non-prescription medications (such as Tylenol, throat lozenges, cough syrup, etc) to be given to my child if deemed advisable.

Signature: _____ Date: _____

HEALTH INSURANCE INFORMATION

Medical/Hospital Insurance Carrier: _____ Name of Policy Holder: _____

Policy #: _____ Group #: _____ Physician's Name: _____

Physician's Phone #: _____ Emergency Contact Person: _____

Emergency Contact Phone #: _____ Emergency Contact Relation: _____



DIOCESE *of* LAFAYETTE

PHOTOGRAPH – VIDEO – AUDIO – MEDIA CONSENT & RELEASE FORM
FOR MINORS (UNDER 18 YEARS OF AGE)

I, _____, parent/guardian of _____,
in Grade _____, hereby consent to and authorize the Roman Catholic Diocese of Lafayette,
Louisiana, (the Diocese) and all entities, representatives, employees, and agents operating under
its authority to record, use, edit, reproduce, and/or publish photographs, video, audio, and/or
other media that may portray and/or relate to the aforementioned minor child, his/her image,
likeness, and/or voice, without compensation.

I understand that these materials may be used in various print and electronic media,
including but not limited to the Diocesan website and the Diocesan publication, *Acadiana
Catholic*, and/or for other endeavors related to Diocesan interests. I understand that the Diocese
may use and/or publish materials relating to the aforementioned minor child and/or us his/her
photograph, voice, video images, and other media relation to said minor child in any manner that
the Diocese deems appropriate in order to promote and/or publicize its programs, or for any other
lawful purpose.

This authorization shall not expire and will remain effective indefinitely until rescinded in writing.

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____ PHONE: _____