



Teen Volunteer Liability Release and Medical Consent Form

(Please Print All Information)

1. Please take care in filling out this form. It provides crucial information for caregivers in the event of illness or medical emergency. Accuracy and thoroughness are encouraged.

2. Sections I, II, V, and VI are mandatory. Sections III and IV provide you with treatment options in non-emergency situations.

Participant's Name: _____ Birth Date: _____

Address: _____
Street Name & # City State Zip

Gender: _____ Last School Attended: _____

Grade COMPLETED: _____

Father's Name: _____ Cell: _____

Mother's Name: _____ Cell: _____

I, _____, grant permission for my child, _____,
(Parent or Guardian's Name) (Child's Name)

to participate in this parish event. This activity will take place under the guidance and direction of parish employees and/or volunteers from St. Edward the Confessor Church Parish. 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, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. Edward the Confessor Parish, its officers, directors, employees and agents, and the Arch/Diocese of New Orleans, LA, its employees and agents, chaperones, 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 cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Arch/Diocese of New Orleans, LA, its employees and agents and chaperones, 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: _____

SECTION I: MEDICAL MATTERS

As the parent/legal guardian of the above named child, who is currently associated with St. Edward the Confessor Parish/School, I hereby authorize Erin Gass or her assistants to carry out the wishes I have named (herein) in areas of emergency medical treatment and other cases of illness. This authorization includes, but is not limited to, emergency medical treatment and other cases of illness. This authorization is specifically extended from July 1, 2022 through July 25, 2022. 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.

Signature: _____ Date: _____

SECTION II: 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 listed herein, contact:

Name & Relationship: _____ Phone: _____
Family Doctor: _____ Phone: _____
Family Health Plan Carrier: _____ Policy #: _____
Signature: _____ Date: _____

SECTION III: OTHER MEDICAL TREATMENT

In the event it comes to the attention of the parish, its officers, directors and agents, chaperones, and the Archdiocese of New Orleans, chaperones, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reversed to myself).

Signature: _____ Today's Date: _____

SECTION IV: MEDICATIONS

(SIGN ONLY THOSE OPTIONS THAT ARE APPLICABLE)

• 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: _____ Today's Date: _____

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

Signature: _____ Today's 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: _____ Today's Date: _____

SECTION V: MEDICAL INFORMATION

The parish will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.): _____

Does child have a medically prescribed diet? _____

Any physical limitations? _____

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bed-wetting, fainting? _____

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc? If so, date and disease or condition: _____

You should be aware of these special medical conditions of my child: _____

SECTION VI: PHOTO RELEASE

I give permission for pictures taken of my child during the week to be used in future St. Edward the Confessor publications and publicity. _____ Yes _____ No

Signature: _____ Today's Date: _____