



DIOCESE OF
CORPUS CHRISTI

Most Precious Blood Catholic Church
2023-2024 Religious Education/Youth Ministry and Events

Parent/Guardian Consent Form and
Release, Indemnity, and Hold Harmless Agreement

Child's name: _____

Birth date: _____ Sex: _____

Parent/Guardian's name: _____

Home address: _____

Home/cell phone: _____ Business phone: _____

I, _____ grant permission for my child, _____ to
Parent or guardian's name Child's name

participate in activities (ACTIVITY) at this Parish. Most Precious Blood Catholic Church
Name of parish/school

on the following date(s) 2023-2024 Catechetical Year (Parish is understood to include the Diocese of Corpus Christi "Diocese").

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named minor ("participant"). I would like my CHILD to participate in the above-named ACTIVITY.

In exchange, and for said consideration, as parent or legal guardian, I agree to defend and fully indemnify the above-named PARISH/SCHOOL and Diocese against any claim which results from the intentional or negligent actions taken of my CHILD during the above-named ACTIVITY. I further agree to fully indemnify and hold harmless the PARISH/SCHOOL and Diocese against any claim or cause of action whatsoever brought by my CHILD or his/her parent/legal guardian against the PARISH/SCHOOL which arose out of the above identified ACTIVITY, regardless of whether such claim results from the negligence of the PARISH/SCHOOL, its employees or volunteers or the negligence of individuals or companies not a party to this agreement.

Further, for said consideration, we hereby release and discharge the Diocese, its agents, servants, and employees, including the PARISH/SCHOOL, their employee(s), agents and representatives (parties being released) of and from all claims, demands, causes of action, and expenses arising out of or in any way connected with the employee of the PARISH/School.

I certify that I understand this agreement and the risks and hazards associated with the ACTIVITY described above that my CHILD will be participating in. I further understand that I had the opportunity to fully discuss this agreement with a representative of the PARISH/SCHOOL to clarify any concerns or questions about the activity or this agreement that I may have had.

Signature: _____ Date: _____

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PARENTAL/GUARDIAN PHOTOGRAPHY/VIDEOGRAPHY CONSENT WAIVER

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 _____, grant permission for my child, _____
(name of parent/guardian) (child's name)

To be photographed or videotaped, 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 of Parent/Guardian

Date

Signature of Participant (if 18 years of age or older)

Date

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Parental/Guardian Medical Consent Waiver - Please complete one per child/teen

Child's Name _____ Child's Grade _____

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 _____

Medications:

Family Doctor _____ Phone _____

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: _____

_____ 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 of Parent/Guardian

Date