

Adult Volunteer Liability Release and Medical Consent Form

I, _____, agree on behalf of myself, my heirs, assigns, executors, and personal representatives, to defend, hold harmless, and indemnify St. Edward the Confessor Parish/School, and The Roman Catholic Church of the Archdiocese of New Orleans, their members, directors, officers, agents, employees, or representatives from any and all liability claims, loss, or damage arising from my negligent and/or intentional acts during my participation in the Vacation Bible School sponsored by St. Edward the Confessor Parish at St. Edward the Confessor School during the summer months of the year 2022.

Signature: _____ Date: _____

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

SECTION I: PERSONAL INFORMATION

Name (Print): _____ Birth Date: _____ Gender: _____

Home Address: _____
(Street Number & Name) (City/State) (Zip)

Phone: _____ / _____ / _____ / _____
(Home) (Cell) (Business) (Other)

Are you an employee of the Archdiocese of New Orleans? Yes _____, or No _____

SECTION II: MEDICAL MATTERS

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 inclusively extends from July 11, 2022 through July 15, 2022. I hereby warrant that, to the best of my knowledge, I am in good health, and I assume all responsibility for my health care.

Signature: _____ Today's Date: _____

SECTION III: EMERGENCY MEDICAL TREATMENT

In the event of an emergency, I hereby give permission to be transported to a hospital for emergency, medical, or surgical treatment. In the event of an emergency, contact:

Name & Relationship: _____ Phone: _____

Family Doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy #: _____

Signature: _____ Date: _____

SECTION IV: MEDICATIONS

I understand that I am responsible for taking my own medications and that such medications will be kept in well-labeled containers. Names of medications and concise directions for such medications, including dosage and frequency of dosage, are as follows:

Medication: _____ Dosage: _____ Frequency: _____

Medication: _____ Dosage: _____ Frequency: _____

Medication: _____ Dosage: _____ Frequency: _____

Medication: _____ Dosage: _____ Frequency: _____

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.): _____

Do you have a medically prescribed diet? _____

Any physical limitations? _____

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

I have the following special medical condition that you should be aware of: _____