

# OUR LADY OF LOURDES CATHOLIC CHURCH

Hitchcock, Texas

2014-2015

This General Event Liability & Consent Form will be kept on file at OLOL for the 2012-2013 school year. It is the parent's responsibility to notify the church when any pertinent information changes.

**THIS FORM (FRONT & BACK) MUST BE COMPLETED**

*Archdiocese of Galveston-Houston*

## PARENTAL/GUARDIAN CONSENT AND LIABILITY WAIVER

Participant Name: \_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_\_ D/O/B \_\_\_\_\_

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Participant Name: \_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_\_ D/O/B \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent(s)/Guardian(s) \_\_\_\_\_

Home Phone \_\_\_\_\_ Family Email address: \_\_\_\_\_

Mother Cell Phone \_\_\_\_\_ Father Cell Phone \_\_\_\_\_

## CONSENT & LIABILITY 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 (name of parent/guardian) \_\_\_\_\_, grant permission for my child, (participant's name) \_\_\_\_\_, to participate in **all Family Faith**

**Formation events at Our Lady of Lourdes Catholic Church in Hitchcock, Texas throughout the 2014-2015 school year.**

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 hold harmless and defend the Archdiocese of Galveston-Houston, the sponsoring parish (its pastor, youth minister, CRE, other agents, etc.) or any representatives associated with the scheduled activity unless the parties involved were careless or negligent.

*In signing this form I certify that all information contained herein is true and accurate to the best of my ability.*

\_\_\_\_\_  
Signature (Parent/Guardian)

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

## PHOTOGRAPHY & VIDEO CONSENT

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

\_\_\_\_\_  
Signature (Parent/Guardian)

\_\_\_\_\_  
Date

**OUR LADY OF LOURDES CATHOLIC CHURCH**  
**Hitchcock, Texas**  
**2014-2015**  
**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

My child is taking the following medication at the present time.

Medication(s): \_\_\_\_\_ Dosage: \_\_\_\_\_

Administer: \_\_\_\_\_

**Please choose one of the following:**

\_\_\_\_\_ 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)

**OR**

\_\_\_\_\_ 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** (Archdiocesan personnel will take reasonable care to see that the following information will be held in confidence.)

My son/daughter has:

- Has had an episode the following or has been diagnosed:  Seizures  Asthma  Diabetic
- Allergic reactions to the following (foods, dyes, latex etc.) \_\_\_\_\_
- Had a medical surgery within the last six months?  Yes  No Still under doctor's care?  Yes  No
- 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 (eg. Depression, anxiety, etc.) :

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

Insurance Carrier: \_\_\_\_\_ Name of Insured: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

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 phone call, I will accept the phone charges necessary.

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

\_\_\_\_\_  
**Signature (Parent/Guardian) Parent/Guardian must sign for anyone under 18 years of age** **Date** \_\_\_\_\_

\_\_\_\_\_  
**Signature (Participant 18 years of age or older must sign own consent)** **Date** \_\_\_\_\_