

**ARCHDIOCESE OF NEW ORLEANS  
PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER**

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Participant's name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Sex: \_\_\_\_\_

Parent/Guardian's name: \_\_\_\_\_

Home address: \_\_\_\_\_

Home phone : \_\_\_\_\_ Business phone: \_\_\_\_\_

I, \_\_\_\_\_, grant permission for my child, \_\_\_\_\_, to participate in this parish activity that may require transportation to a location away from the parish site. This activity will take place under the guidance and direction of employees and/or volunteers from CYO Youth & Young Adult Ministry Office of the Archdiocese of New Orleans. A brief description of the activity follows:

Type of event: **Junior High Retreat 2019**

Location(s): Camp Abbey Retreat Center – Covington, LA

Individual in charge: Patrick Duffey

Duration of activity: 2/22/2019-2/24/2019

Mode of transportation to and from event: Youth responsible for their own transportation

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant").

I confirm that there are no necessary changes to the Medical Information Consent form for my child that I previously submitted. If there are any necessary changes, I will complete another Medical Information Consent form.

I agree on behalf of myself, my child named herein, and my spouse, our heirs, successors, and assigns, to indemnify, hold harmless, and defend CYO Youth & Young Adult Ministry Office of the Archdiocese of New Orleans and The Roman Catholic Church of the Archdiocese of New Orleans, their members, directors, officers, employees, agents and representatives associated with the event arising from or in connection with the negligence and/or intentional acts of my child.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ARCHDIOCESE OF NEW ORLEANS  
MEDICAL INFORMATION AND CONSENT FORM

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**GENERAL INSTRUCTIONS TO PARENTS/GUARDIANS:**

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.
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Participant's name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Sex: \_\_\_\_\_

Parent/Guardian's name \_\_\_\_\_

Home address: \_\_\_\_\_  
(Street) (City/State) (Zip)

Home phone: \_\_\_\_\_ Cellular phone: \_\_\_\_\_

Business phone: \_\_\_\_\_ Other: \_\_\_\_\_

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**SECTION I. MEDICAL MATTERS**

As the parent/legal guardian of the above named child, who is currently associated with \_\_\_\_\_ Parish. I hereby authorize Pat Duffey or his/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 February 22, 2019 through February 24, 2019. 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: \_\_\_\_\_ Today's 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, 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 \_\_\_\_\_ 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: \_\_\_\_\_ 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: \_\_\_\_\_ 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: \_\_\_\_\_ 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.): \_\_\_\_\_

Immunizations: Date of last tetanus/diphtheria immunization: \_\_\_\_\_

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: \_\_\_\_\_

**REGULATIONS FOR THE JR HIGH RETREAT  
ARCHDIOCESE OF NEW ORLEANS, CYO OFFICE  
FEBRUARY 22-24, 2019, IN COVINGTON, LA**

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**VIOLATIONS OF ANY OF THE REGULATIONS LISTED BELOW MAY RESULT IN  
YOUR IMMEDIATE RETURN HOME AT PARENTS' EXPENSE**

- Chaperones are to be respected at all times; instructions are to be followed.
- Alcoholic beverages, smoking, illegal drugs, and weapons or dangerous items of any sort are positively forbidden. Sexual activity inconsistent with the teachings of the Roman Catholic Church is forbidden.
- Activity on social media, including but not limited to Twitter, Facebook, Instagram, etc. that is deemed threatening, disruptive, or damaging to the program and its reputation is forbidden. Participants are reminded to represent themselves appropriately as Catholic Christians in their online profiles.
- Room assignments may not be changed once assigned at Camp Abbey; members of the opposite sex may not visit in each others' cabins at any time.
- No one is permitted to leave Camp Abbey without the permission and escort of a chaperone.
- Anyone damaging property will be held responsible for the cost of damages. The Archdiocese of New Orleans is not responsible for damage expenses that an individual incurs. Theft of property is forbidden.
- If a participant uses special prescription medication (i.e. insulin, Ritalin, pain medication, etc.), the director reserves the right to have a chaperone hold and administer such medication.
- You must be on time for all departures, arrivals, and other scheduled activities.
- The announced curfew will be respected at night. Curfew violations, especially those that involve facility management, security, or law enforcement are serious violations and will be dealt with as such.
- All long distance calls are to be placed using personal cell phones or by calling collect
- Please do not bring valuables such as jewelry, expensive electronics, etc. The Archdiocese of New Orleans is not responsible for loss or damage that may result to such items.
- Consequences may include loss of privileges on this activity or future archdiocesan activities, informing of your church parish's and/or high school's administration, dismissal from the retreat, and being sent home during the retreat at parent's expense.

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**PLEASE SIGN AND RETURN**

I have read and discussed the regulations for the Junior High Retreat 2019, Archdiocese of New Orleans, February 22-24, 2019, with my son and/or daughter and he and/or she is aware of them. I understand that if my child violates the any of the above mentioned rules, or any others deemed necessary by the director and adult chaperones for the safety and welfare of the group, I agree to have my child sent home immediately at my expense. I understand that further disciplinary action may be taken upon return home depending upon the gravity of the violation.

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Signature of participant

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Age

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Signature of Parent/Guardian