

ARCHDIOCESE OF NEW ORLEANS
PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER
NOTE: Permission slip due before event, Summer 2017

Participant's name: _____ Birth date: _____ Sex: _____

Parent/Guardian's name: _____

Home address: _____

Home phone : _____ Cell 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 Our Lady of Perpetual Help Parish. A brief description of the activity follows:

Type of event: **All Hot Summer Nights**

Location(s): **Belle Chasse & New Orleans**

Individual in charge: **Chad & Melanie Maveaux**

Date & Duration of activity: **Summer 2017**

Mode of transportation to and from event: **Provide your own transportation**

Cost: **see calendar for each event costs**

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 Our Lady of Perpetual Help Parish, Belle Chasse 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: _____

EMERGENCY INFORMATION (In addition to Personal Health and Medical Record.)

During the activity listed above, I can be contacted at the following phone and will accept long distance calls.

(____) _____; (____) _____

This child is highly allergic or sensitive to _____

What, if any, medication is this child taking? _____

Use the back of this form for additional information and for explanation of any other problems the activity leader should be aware of.

Date of the latest or last tetanus shot/booster _____.

I (do or do not) grant permission for non-prescription medication (such as aspirin, throat lozenges, cough syrup (circle one)

to be given to my child, if deemed appropriate. _____

Parent signature)

Medical Insurance Information: Company : _____

Policy no. _____ (Control No. if group policy) _____.