

**St. Lawrence Parish**  
**PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY**

**INFORMATION ABOUT THE EVENT**

EVENT: <u>Retreat for High School Students</u>	COST: <u>\$90 per person (\$115 if after 2/22)</u>
DATE(S): <u>March 15, 2019 through March 17, 2019</u>	TIME: <u>6:00 PM (3/15) to 1:00 PM (3/17)</u>
LOCATION: <u>Bethany Center</u> 18150 Bethany Center Dr. Lutz, FL 33558	PARISH: <u>St. Lawrence</u>

**PARTICIPANT INFORMATION**

Name of Youth: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Parent/Guardian Name: \_\_\_\_\_  
 Home Address: \_\_\_\_\_

(A) Parent/Guardian emergency contact name and telephone numbers:

Name: \_\_\_\_\_  
 Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

(B) If "A" above is unavailable, alternate emergency telephone contact name and phone number:

Name: \_\_\_\_\_  
 Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

(C) Health Insurance Carrier: \_\_\_\_\_  
 Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

**Nature of Event:** I understand that the nature of this event sponsored by St. Lawrence Parish (hereafter "Parish") will be held at the Bethany Center (the "location"). I have been given information, or have had the opportunity to request information, which more clearly describes the physical facility. The event will take place from March 15, 2019 through March 17, 2019, and will involve the following activities: icebreakers, prayer, small group and large group discussions, talks, meals, recreation time, and other miscellaneous activities.

I understand and assume the risks inherent with such an extended field trip, which may involve certain risks beyond the reasonable control of the Parish and the Diocese of St. Petersburg and their respective representatives, volunteers and agents. Such risks may include but not be limited to accidents, emergencies, exposure to nature and the elements, and/or negligence of the Adult Chaperones and staff of the entity at the location of the event, the Parish and the Diocese of St. Petersburg disclaim any and all responsibility for any such risks.

I am also aware that all reasonable care and supervision will be exercised by the Adult Chaperones to provide for the general well-being of my youth. However, I understand that there will be times when my youth is not directly supervised and it is impossible for the Adult Chaperones to supervise my youth every minute of every day while attending this event. I acknowledge placing my trust in my youth to adhere to proper standards of conduct and to follow the rules of the Group Leaders and Adult Chaperones, especially when not being directly supervised. I understand and assume the risks described above and those inherent with such an extended field trip. In consideration for the benefits my youth will receive in attending this event, I, individually and on behalf of my youth, do hereby **RELEASE, DISCHARGE AND COVENANT NOT TO SUE** the Bishop of the Diocese of St. Petersburg, the Parish and all parishes within the Diocese, all employees, agents and volunteers for this event, and agree to hold them harmless from any and all claims whatsoever arising from the conduct of any person(s) which result in any injury or loss to my youth, or myself.

**MEDICAL PERMISSIONS FOR YOUTH:** If on the day of travel to the location, my child should have any symptoms of headache, vomiting, sore throat, cold, fever, flu, diarrhea, onset of any contagious illness, or should otherwise not attend the conference for health reasons, I agree that I will not permit my child to travel to the location. Before leaving the Parish, or during travel to or attendance at the location, in

**THIS FORM CONTINUES ON THE REVERSE SIDE — OVER**



**Parish Name:** St. Lawrence  
**Parish Address:** 5225 N. Himes Ave Tampa FL 33614  
**Parish Phone Number:** 813-405-3505

**ANNUAL PARENTAL PERMISSION/RELEASE  
for Communication, Photos, and Medical**

**Method of Communication Release:**

During the year your teenager is a member of the parish youth ministry, we do try to keep them up-to-date with dates for meetings and/or changes in our calendar of events. With the implementation of the Safe Environment policies within the Diocese of St. Petersburg, we are now seeking your permission for these items.

\_\_\_ **Yes**, I give \_\_\_\_\_ (my youth) permission to communicate with the Parish Coordinator of Youth Ministry and/or youth ministry team leaders through the use of his/her:

(please check all that apply)

- Email address \_\_\_\_\_
- Facebook \_\_\_\_\_
- Instagram \_\_\_\_\_
- Home phone \_\_\_\_\_
- Cell phone \_\_\_\_\_
- Text message \_\_\_\_\_
- Postal mail \_\_\_\_\_

I also give permission for the Parish Coordinator of Youth Ministry and/or youth ministry team leaders to use this contact information to communicate with him/her. We understand that any addresses received through the parish youth ministry will *only* be used for the parish youth ministry purposes

\_\_\_ **No**, I *do not* give \_\_\_\_\_ (my youth) permission to communicate with the Parish Coordinator of Youth Ministry and/or youth ministry team leaders through the use of his/her (please check all that apply)

- Email address
- Facebook
- Instagram
- Text message
- Home phone
- Cell phone
- Postal mail

\_\_\_ I, as parent/guardian, would also like to receive an email update of all dates for meetings and/or changes in the calendar of events. My email address is: \_\_\_\_\_.

**Publicity/Photo/Video Release:**

From time to time, publicity releases for newspapers, television, website, and other media may be prepared about events occurring at the parish. These may or may not be accompanied by photos or videotape of students. The releases may be prepared by St. Lawrence Parish or media representative.

\_\_\_ **Yes**, I do give permission for my student(s) name and likeness to be included in such publicity releases/photos/videos.

\_\_\_ **No**, I *do not* give permission for my student(s) name and likeness to be included in such publicity releases/photos/videos.

(over)

**Parish Name: St. Lawrence**  
**Parish Address: 5225 N. Himes Ave Tampa FL 33614**  
**Parish Phone Number: 813-875-4040**

IN CASE OF AN ACCIDENT OR SERIOUS ILLNESS, THE ABOVE PARISH WILL CONTACT THE PARENT/GUARDIAN LISTED BELOW. IF THE PARISH IS UNABLE TO REACH THEM, OR ANY OTHER PERSON DESIGNATED, THEN I HEREBY AUTHORIZE THE CHURCH AND ITS REPRESENTATIVES TO CONTACT MY CHILD'S PHYSICIAN AND/OR MAKE ARRANGEMENTS FOR IMMEDIATE EMERGENCY TREATMENT. PAYMENT OR FEES FOR ALL MEDICAL SERVICES WILL BE THE RESPONSIBILITY OF THE PARENT/GUARDIAN. **THIS MEDICAL RELEASE IS VALID FROM September 1, 2018 UNTIL September 1, 2019 AND FOR ALL EVENTS THROUGHOUT THE YEAR. I UNDERSTAND THAT IT IS THE PARENT'S RESPONSIBILITY TO UPDATE THIS FORM AS NECESSARY THROUGHOUT THE YEAR.**

Youth's Name: \_\_\_\_\_

Parent or Legal Guardian's Name \_\_\_\_\_ Phone(s) \_\_\_\_\_

Emergency contact information: \_\_\_\_\_

Family Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Co. Name \_\_\_\_\_ Medical Insurance: ID number \_\_\_\_\_

Group Number \_\_\_\_\_ Cardholder's Name \_\_\_\_\_

**Health Information**

List all medications taken daily and/or regularly: \_\_\_\_\_

Youth/participant's allergies, if any, including medication and food allergies: \_\_\_\_\_

Youth/participant's chronic medical problems (e.g. diabetes, epilepsy): \_\_\_\_\_

Youth/participant's other physical restrictions or dietary requirements (if any): \_\_\_\_\_

Date of Tetanus: \_\_\_\_\_ Other medical: \_\_\_\_\_

**Other medical treatment:** In the event it comes to the attention of the Church representatives, volunteers or employees that my child has become ill with symptoms such as headaches, vomiting, sore throat, fever, diarrhea, I want to be called collect.

**My child may be given:** Tylenol (circle: yes / no); Ibuprofen (circle: yes / no); Throat lozenges (circle: yes / no); Benadryl (circle: yes / no).

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**STATE OF FLORIDA, COUNTY OF \_\_\_\_\_**

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ who [ ] is personally known to me, or [ ] who produced the following as identification \_\_\_\_\_.

(SEAL)

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Typed or printed name

Commission No. \_\_\_\_\_