

Camp Participation Waiver and Photo Release

Parental/Guardian Consent:

I, _____, grant permission for my child

Print parent/guardian's name

Print child's name(s)

to participate in the St. Benilde Summer Camps Program which may require transportation to a location away from the school site. This Summer Camp Program will take place under the guidance and direction of employees and/or volunteers from St. Benilde. As the parent and/or legal guardian, I remain legally responsible for any actions taken by the above named participant. I agree on behalf of myself or my child named herein to hold harmless and defend St. Benilde, its officers, directors, employees, and the Archdiocese of New Orleans, its employees or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the school, its officers, directors and agents, and the Archdiocese of New Orleans, its employees and agents and/or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the school/Archdiocese. Further, St. Benilde reserves the right to photograph its summer camp participants to reproduce such images to promote, publicize, or explain the summer camp programs and its activities.

Signature: _____

Date: _____

Swimming Permission Form for Summer Camp Entering First - Seventh Grades

Each summer every child has to prove they are able to swim before they are allowed to go into the deep end of the pool. They must be able to swim across the width of the pool unaided. The children who do not prove themselves able to swim must wear a bracelet and will be limited to the shallow end of the pool. Awareness of the campers' swimming ability is a serious issue at camp. If you feel your child/children does not have the experience or ability to swim in the deep end of the pool, please let us know.

Check the appropriate boxes:

_____ Knowing my child's swimming ability, I feel my child should wear a bracelet and not swim in the deep end of the pool.

_____ I am requesting that my child wear arm floats while in the pool. (Arm floats must be provided by parent.)

_____ My child should be able to prove they are able to swim and can swim in the deep end of the pool.

Please **initial** that you have read and understand the following:

_____ I understand that I must provide a bottle of sunscreen with an SPF of 15 or greater to send with my child for swimming.

_____ I understand that I must keep my child home from camp if he/she has a fever, flu-like symptoms, cold, upset stomach, diarrhea, pink eye, runny nose, Hepatitis A or other contagious illnesses.

My child _____ has permission to participate in the summer swim program.

Age _____

Parent Signature _____ Date _____

Water Activities Permission Form

Entering Grades PK3 - Kindergarten

My child _____ has permission to participate in the following type of water activity:

Inflated Pools & Sprinklers

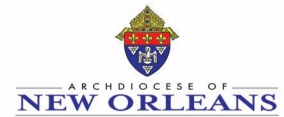
Location of activity: St. Benilde School Yard

Please *initial* that you have read and understand the following:

_____ I understand that I must provide a bottle of sunscreen with an SPF of 15 or greater to send with my child for swimming.

_____ I understand that I must keep my child home from camp if he/she has a fever, flu-like symptoms, cold, upset stomach, diarrhea, pink eye, runny nose, Hepatitis A or other contagious illnesses.

Parent Signature _____ Date _____



PARENTAL/GUARDIAN CONSENT FORM & LIABILITY WAIVER

PARTICIPANT INFORMATION

Participant's Name: _____

Birth Date: _____ Sex: _____ Parent Email: _____

Parent/Guardian's Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

I, _____, grant permission for my child, _____, to participate in **Camp Benilde Field Trips – See Attached** that requires transportation to a location away from the parish/school site. This activity will take place under the guidance and direction of employees and/or volunteers from **St. Benilde Roman Catholic Church, Metairie, Louisiana**

A brief description of the activity follows:

EVENT INFORMATION

Event: **Camp Benilde Field Trips – See Attached**

Location(s): **Paradise Manor Community Club, Rock N Bowl, Adventure Quest Laser Tag, Prytania Theatre, Coca-Cola Factory, Rivertown Museums**

Individual(s) in charge: **Mrs. Molly Zamora, Mrs. Leslie Arceneaux, Ms. Lauren Connolly – Camp Benilde Co-Directors**

Duration of activity: **See Attached Form**

Mode of transportation to and from event: **School Buses – Chuckwagon Charters, Inc.**

As parent and/or legal guardian, I remain legally responsible for any actions of 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 the **CYO/Youth & Young Adult Ministry Office, the parish and/or school St. Benilde Roman Catholic Church, Metairie, Louisiana** and The Roman Catholic Church of the Archdiocese of New Orleans, their members, directors, officers, employees, agents and representatives associated with the event from any and all liability claims, loss or damage arising from or in connection with the negligent or intentional acts of my child or third parties.

Signature: _____ Date: _____

2025 St. Benilde Summer Camp Off - Campus Field Trips for Grades 1st - 7th

| Location | Date of Field Trip | Departure Time | Return Time |
|-------------------------------|-------------------------|----------------|-------------|
| Paradise Manor Community Club | Tuesday, June 3, 2025 | 9:15 AM | 11:45 AM |
| Paradise Manor Community Club | Tuesday, June 10, 2025 | 9:15 AM | 11:45 AM |
| Paradise Manor Community Club | Tuesday, June 17, 2025 | 9:15 AM | 11:45 AM |
| Paradise Manor Community Club | Tuesday, June 24, 2025 | 9:15 AM | 11:45 AM |
| | | | |
| Prytania Theatre | Thursday, June 5, 2025 | 9:00 AM | 12:15 PM |
| | | | |
| Rock N Bowl | Thursday, June 12, 2025 | 9:30 AM | 12:30 PM |
| | | | |
| Rivertown Museums (1st - 4th) | Friday, June 20, 2025 | 9:00 AM | 12:15 PM |
| Coca-Cola Plant (5th - 7th) | Friday, June 20, 2025 | 9:00 AM | 12:15 PM |
| | | | |
| Adventure Quest Laser Tag | Thursday, June 26, 2025 | 9:00 AM | 12:15 PM |

CHILD MEDICAL INFORMATION CONSENT FORM

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 nonemergency situations.

★ Participant's Name: _____

★ Birth Date: _____ Sex: _____ Parent Email: _____

★ Parent/Guardian's Name: _____

★ Home Address: _____

★ Home Phone: _____ Cell _____

★ Phone(s): _____

SECTION I: MEDICAL MATTERS

As the parent/legal guardian of the above-named child, who is currently associated with (school/church/parish)

St. Benilde Roman Catholic Church, Metairie, Louisiana I hereby authorize **CYO/Youth & Young Adult Ministry Office, the Parish, and/or the School** or their assistants to carry out the authorizations I have delineated in areas of emergency medical treatment and other cases of illness. These authorizations inclusively extend from the following dates: **June 1, 2024** through **June 30, 2024.**

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. I agree on behalf of myself, my child named herein, and my spouse, our heirs, successors, and assigns, to indemnify, hold harmless, and defend the CYO/Youth & Adult Ministry Office, the Parish, and/or the School, and The Roman Catholic Church of the Archdiocese of New Orleans, their members, directors, officers, employees, agents, and representatives from or in connection with any and all liability and/or damages (including but not limited to physical, mental, emotional and/or economic damages) that may be sustained arising from negligence, fault, or strict liability related to facilitating or administering the medical treatment agreed to herein.

★ Signature: _____ 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, please contact:

★ Name & relationship: _____

★ Phone: _____ Family doctor: _____ Phone: _____

★ Family Health Plan Carrier: _____ Policy #: _____

★ Signature: _____ Date: _____

CHILD MEDICAL INFORMATION CONSENT FORM

SECTION III: OTHER MEDICAL TREATMENT

(OPTIONAL. SIGN ONLY IF YOU WANT TO BE NOTIFIED IN THE FOLLOWING INSTANCES)

In the event it comes to the attention of the CYO, the parish, the school, or their agents or representatives that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called.

Signature: _____ Date: _____

SECTION IV: MEDICATIONS (SIGN ONLY THOSE OPTIONS THAT ARE APPLICABLE)

- **OPTION 1:** 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: _____

- **OPTION 2:** I hereby grant permission for non-prescription medication (such as aspirin, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: _____ Date: _____

- **OPTION 3:** 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 CYO or parish or school will take reasonable care to see that the following information will be held in confidence.

★ Allergic reactions (medications, foods, plants, insects, etc.): _____

★ 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 any contagious disease or conditions, such as COVID-19, mumps, measles, chickenpox, etc.? _____ If so, date and disease or condition: _____

★ You should be aware of these special medical conditions of my child: _____
