

**Please fill out this general permission slip to be kept on file indicating your willingness for your teen to participate in CYO activities for the 2023-2024 year. Each off campus event will also have an event specific waiver.**

**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 St. Benilde Parish. A brief description of the activity follows:

Type of event: CYO General Meetings, Board Meetings, Field Trips, Retreats, Service Projects

Location(s): Will be specified per off-campus event

Individual in charge: Audrey Huck

Duration of activity: Sunday, May 21, 2023-Sunday, May 19, 2024

Mode of transportation to and from event: Self to most events unless otherwise specified per off-campus event.

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 St. Benilde Parish/School 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: \_\_\_\_\_

CYO/Youth Ministry 2012

Please fill out this general permission slip to be kept on file indicating your willingness for your teen to participate in CYO athletic activities for the 2023-2024 year. Some games will be at St. Benilde some will not. You are responsible for your teen's transportation.

**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 St. Benilde Parish. A brief description of the activity follows:

Type of event: CYO Athletics

Location(s): Various Parishes throughout the Archdiocese of New Orleans

Individual in charge: Audrey Huck

Duration of activity: May 21, 2023-May 19, 2024, each season lasting about 6 weeks

Mode of transportation to and from event: Self (Coaches are not responsible for 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 St. Benilde Parish/School 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: \_\_\_\_\_  
CYO/Youth Ministry 2012

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 **St. Benilde Parish**. I hereby authorize **Timmy McCaffery or 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 **May 21, 2023 through May 19, 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.

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

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 aspirin, 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: \_\_\_\_\_  
\_\_\_\_\_

**St. Benilde CYO/Youth Activities  
PUBLIC MEDIA/COMMUNICATION  
RELEASE CONSENT FORM 2023-2024**

**General Release**

St. Benilde Parish may desire to share information about students with members of the greater parish community and outside agencies in order to promote the parish or to highlight student achievements.

I hereby give my consent to all photographs, audio recordings, academic work, and/or video recordings taken of me or my minor child by St. Benilde Parish staff or their designee. I understand that any such photographs, audio recordings, academic work, and/or video recordings become the property of the parish and may be used by the parish or Archdiocese of New Orleans with their consent, for educational, instructional, or promotional purposes determined by St. Benilde Parish administration in broadcast and electronic media formats now existing or in the future created.

Please check one of the options below:

\_\_\_\_\_ **Yes, I give my consent.**

\_\_\_\_\_ **No, I do not give my consent.**

\_\_\_\_\_  
Printed name of student

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Printed name of parent/guardian

\_\_\_\_\_  
Parent/guardian signature

Date Signed: \_\_\_\_\_

Note: A completed and signed consent form is required as a condition of enrollment in St. Benilde C.Y.O youth activities. This document supersedes any previous form on file. Changes in release status must accompany the submission of a new form.

\_\_\_\_\_  
Printed name of student

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Printed name of parent/guardian

\_\_\_\_\_  
Parent/guardian signature

Date Signed: \_\_\_\_\_

