ARCHDIOCESE OF NEW ORLEANS

MEDICAL INFORMATION AND 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 VI are **MANDATORY**. Sections III, IV, and V provide you with treatment options in non-emergency situations.

Participant's Name: _____

Parish/School Participating With: _____St. Benilde Parish CYO_____

Birth Date: _____ Sex: _____

Parent's/Guardian's Name: _____

Home Address: _____

(STREET) (CITY/STATE) (ZIP CODE)

Home Phone: _____ Cell Phone: _____

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 St. Benilde Parish 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 May 19, 2026 through May 18, 2027. 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 St. Benilde Parish and/or the Archdiocese of New Orleans' Youth & Young Adult Ministry Office, 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.

Parent/Guardian 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:

Emergency Contact Name & Relationship: _____

Emergency Contact Phone Number: _____

Family Doctor: _____ Phone Number: _____

Family Health Insurance Carrier: _____ Policy #: _____

Parent/Guardian 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

Parent/Guardian Signature: _____ Date: _____

Section IV: PRESCRIPTION MEDICATION

My child is currently taking prescription medication and will be taking this medication at the time of the event. My child will bring all such medications necessary, and such medications will be well-labeled.

Names of medications and relevant information, including dosage and frequency of dosage, are as follows:

_____

_____

_____

Parent/Guardian Signature: _____ Date: _____

SECTION V: OVER-THE-COUNTER/NON-PRESCRIPTION MEDICATION

(PLEASE SIGN **ONLY ONE** OPTION)

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

Parent/Guardian Signature: _____ Date: _____

Option Two: 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.

Parent/Guardian Signature: _____ Date: _____

SECTION VI: OTHER MEDICAL INFORMATION

St. Benilde Parish will take reasonable care to see that the following information will be held in confidence.

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

****If your child is in need of accommodations due to food allergies/dietary restrictions, please contact St. Benilde Youth Minister, to discuss available options. ****

Date of last tetanus/diphtheria immunization: _____

Does your child experience any significant physical limitations?

_____

Is your child subject to chronic homesickness, emotional reactions to unfamiliar situations, sleepwalking, bed-wetting, fainting, etc.?

_____

Has your child recently been exposed to any contagious disease or conditions, such as COVID-19, mumps, measles, chickenpox, etc.? _____

Yes No If so, date and disease or condition: _____

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

_____

_____

ARCHDIOCESE OF NEW ORLEANS

CODE OF CONDUCT/RULES & REGULATIONS 2026-2027

Student Name: _____

Parish/School Participating With: _____

VIOLATIONS OF ANY OF THE REGULATIONS LISTED BELOW MAY RESULT IN YOUR IMMEDIATE RETURN HOME BY COMMERCIAL CARRIER AT PARENT/GUARDIAN'S EXPENSE

• Following these regulations is required for the entire duration of this activity.

• Chaperones are to be respected at all times; instructions are to be followed.

• Alcohol, smoking/vaping, illegal drugs, and weapons/dangerous items of any sort are forbidden.

• Items of a political nature, particularly clothing, will not be permitted

• Sexual activity inconsistent with the teachings of the Roman Catholic Church is forbidden.

• No one is permitted to leave the area of a designated activity such as a retreat facility, meeting space, restaurant, hotel, tour location, etc. without the express permission and escort of a chaperone.

• Anyone damaging property will be held responsible for the cost of damages. The participating parish/school and/or the Archdiocese of New Orleans' Youth & Young Adult Ministry Office are not responsible for damage expenses that an individual incurs. Theft of property is forbidden.

• If a participant uses prescription medication (i.e. insulin, Ritalin, pain medication, etc.), the group leader and/or activity director reserves the right to have adult chaperones hold and administer such medication.

• You must be on time for all departures, arrivals, and other scheduled activities.

• For overnight events: room assignments may not be changed once assigned at the event facility; members of the opposite sex may not enter each other's rooms at any time.

• For overnight events: the announced curfew will be respected at night, and violations, especially those that involve hotel and/or facility management, security, or law enforcement will be dealt with seriously.

• The participating parish/school and/or the Youth & Young Adult Ministry Office are not responsible for any lost or stolen items of value you choose to bring with you to any activities, such as laptops, expensive electronics, expensive jewelry, etc.

• Consequences for violating any of these regulations may include loss of privileges in this program, on any trips, or future Archdiocesan activities, suspension, expulsion, informing of your school's administration, and being sent home during the event at parent/guardian's expense.

I have read and discussed the regulations for this event, with my son or daughter and he or she is aware of them.

I understand that if my child violates the Code of Conduct/Rules & Regulations for Archdiocese of New Orleans Youth Events, any of the above-mentioned rules, or any others deemed necessary by the event director, parish/school group leader, and/or 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.

Parent/Guardian Signature: _____ Date: _____

ARCHDIOCESE OF NEW ORLEANS

PHOTO & VIDEO USE RELEASE CONSENT FORM 2026-2027

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 grant permission for all photographs, audio recordings, and/or video recordings taken of my child(ren) or myself by St. Benilde Parish and /or the Archdiocese of New Orleans' Youth & Young Adult Ministry Office. 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. I waive any claim for compensation of any kind for the use or publication of the Works of my child(ren).

I acknowledge that St. Benilde Parish and/or the Youth Young Adult Office have no responsibility in the misuse of these photographs or videos once published. 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 and/or Youth & Young Adult Ministry Office, the Roman Catholic Church of the Archdiocese of New Orleans, their members, directors, officers, employees, agents and representatives all liability claims, loss or damage arising from or in connection with the use of these works.

Please check one of the options below:

_____ Yes, I give my consent _____ No, I do not give my consent.

Participant's Name: _____

Participant's Name: _____

Participant's Name: _____

Participant's Name: _____

Parent/Guardian Signature: _____ Date: _____