

**PARENT/GUARDIAN CONSENT FORM & LIABILITY WAIVER PARTICIPANT INFORMATION**

Participant's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Participant Phone: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Participant Address: \_\_\_\_\_

**NAME OF EVENT: ST ANSELM PARISH CONFIRMATION RETREAT**  
**AT ECHO COMMUNITY, 83335 N FACTORY ROAD, FOLSOM, LA 70437**  
**MODE OF TRANSPORT: SELF-DRIVE**

I, \_\_\_\_\_ **(parent/guardian name)**, grant permission for my child,

\_\_\_\_\_ **(student name)**, to participate in the above-named event 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 ANSELM PARISH** and/or the CYO/Youth & Young Adult Ministry Office.

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 above-named parish/school, the CYO/Youth & Young Adult Ministry Office, 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 of Parent/Guardian

Date \_\_\_\_\_

## CODE OF CONDUCT/RULES & REGULATIONS FOR ARCHDIOCESE OF NEW ORLEANS YOUTH EVENTS

Participant's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Parish/School Participant is Attending With: **ST ANSELM PARISH**

VIOLATIONS OF ANY OF THE REGULATIONS LISTED BELOW MAY RESULT IN YOUR IMMEDIATE RETURN HOME.

- 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.
- 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.
- 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. **ST ANSELM PARISH** and/or the CYO/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.
- 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.
- **ST ANSELM PARISH** and/or the CYO/Youth & Young Adult Ministry Office are *not* responsible for any lost or stolen items of value you choose to bring with you, such as laptops, expensive electronics, expensive jewelry, etc.
- Consequences for violating any of these regulations may include loss of privileges on this trip or future parish/school/Archdiocesan activities, suspension, expulsion, informing of your school's administration, and being sent home during the event at parent/guardian's expenses.

I have read and discussed the regulations for this event with my daughter and 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.

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

Date \_\_\_\_\_

## PARENTAL/GUARDIAN COVID-19 CONSENT FORM & LIABILITY WAIVER

Participant's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Parish/School Participant is Attending With: **ST ANSELM PARISH**

Parent/Guardian's Name: \_\_\_\_\_

Participant Address: \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_ **(NOT PARTICIPANT PHONE)**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and as a result, social distancing is recommended. **St. Anselm Parish** will follow state and local standards of conduct and has put in place reasonable preventative measures to reduce the spread of COVID-19 at its Parish/School activity (including but not limited to summer camp). However, even though such standards will be followed and reasonable measures put into place, **St. Anselm Parish** cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending the Parish/School activity could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and that my child(ren) and I may be exposed to or infected by COVID-19 by participating in the **ST ANSELM CONFIRMATION RETREAT TO ECHO COMMUNITY, FOLSOM, LA**, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at **St. Anselm Parish** may result from the actions, omissions, or negligence of myself and others, including, but not limited to, **St. Anselm Parish** employees, volunteers, and program participants and their families.

Considering the foregoing, however, I, \_\_\_\_\_, grant permission for my child, \_\_\_\_\_, to participate in this **ST ANSELM CONFIRMATION RETREAT TO ECHO COMMUNITY, FOLSOM, LA**, that requires transportation to a location away from the Parish/School site, notwithstanding the risks associated with the COVID-19 virus and group activities. 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 further agree on behalf of myself, my child named herein, and my spouse, our heirs, successors, and assigns, to release, indemnify, and hold harmless **The Roman Catholic Church of the Archdiocese of New Orleans as owner and operator of St. Anselm Parish, its members, directors, officers, employees, agents, and representatives** ("Indemnitees") associated with the event arising from or in connection with the negligent acts or omissions of the Indemnitees ONLY in regard to prevention of the spread of the COVID-19 virus. I SPECIFICALLY ACKNOWLEDGE AND AGREE TO THE FOREGOING.

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

Date \_\_\_\_\_

## CHILD MEDICAL INFORMATION & CONSENT

### General Instructions to Parents/Guardians:

1. Please fill out this form carefully, accurately, and thoroughly. It provides crucial information for caregivers in the event of illness or medical emergency.
2. Sections I, II, and V are mandatory. Sections III and IV provide you with treatment options in non-emergency situations.

Participant's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Sex \_\_\_\_\_

Parish/School Participant is Attending With: **ST ANSELM PARISH**

Parent/Guardian's Name: \_\_\_\_\_

Participant Address: \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_ **(NOT PARTICIPANT PHONE)**

### SECTION I: MEDICAL MATTERS

As the parent/legal guardian of the above-named child, who is currently enrolled at St. Anselm Parish Confirmation Formation, owned and operated by The Roman Catholic Church of the Archdiocese of New Orleans, I hereby authorize **ST ANSELM PARISH** or its employees or representatives to carry out the authorizations I have delineated in areas of emergency medical treatment and other cases of illness. These authorizations inclusively extend from **AUGUST 9, 2025**, through **AUGUST 9, 2025**. 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: \_\_\_\_\_ 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: \_\_\_\_\_

Doctor Phone: \_\_\_\_\_ Family Health Plan Carrier: \_\_\_\_\_

Policy #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### 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 St. Anselm, its agents or representatives associated with this trip 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

St. Anselm Parish 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 illness, such as Covid-19, mumps,

measles, chickenpox, etc.? If YES, date and illness: \_\_\_\_\_ You should be

aware of these special medical conditions of my child: \_\_\_\_\_

## PHOTO & VIDEO USE RELEASE

I grant permission for photographs or film to be taken of my child(ren)'s name, image, likeness, spoken words, student work, and/or performance with or without associating names thereto and in any form (hereinafter collectively referred to as "Works"), and to use, publish, display, distribute, produce, duplicate, sell, and copyright these Works in connection with any promotional material that may be created by the above-named parish/school and/or the CYO/Youth Young Adult Office. I waive any claim for compensation of any kind for the use or publication of the Works of my child(ren). I acknowledge that the above-named parish/school and/or the CYO/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 the above-named parish/school, the CYO/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.

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Signature of Parent/Guardian

Date -----