

Archdiocese of Galveston-Houston | Office of Adolescent Catechesis and Evangelization

PARENTAL/GUARDIAN CONSENT FORM & LIABILITY WAIVER

Last Name: _____ First Name: _____ DOB: _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

Parent Last Name: _____ Parent First Name: _____

Parent Email: _____ Youth Email: _____

Parent Mobil Number: _____ Youth Mobil Number: _____

Parish/School: _____ Grade: _____ Gender: _____

CONSENTIMIENTO Y RENUNCIA DE RESPONSABILIDAD

Important! To be filled out by the Parent/Guardian for youth under 18 years of age.

(If participant is 18 years of age or older, consent must be signed by the individual)

As parent/guardian I grant permission for my child, to participate in the **Life Teen Day Retreat 2026 at The Alvin Manvel Columbus Club**. In consideration of my child's participation in this event, I agree on behalf of myself, my child named herein, and our heirs, successors, and assigns to indemnify, hold harmless and defend the Archdiocese of Galveston-Houston, the sponsoring parish/school, its pastor, youth ministry leader, principal, other agents, employees or other representatives associated with the event from any and all injuries, losses, or claims arising out of my child's participation in the event. In agreeing to the terms and conditions I certify that all information contained herein is true and accurate to the best of my knowledge.

In signing this form I certify that all information contained herein is true and accurate to the best of my knowledge.

Signature (Parent/Guardian)

Date

Youth Code of Conduct

In agreeing to the check box below I agree for my child to abide by any/all policies and rules established for this event/activity (see Youth Code of Conduct located at www.archgh.org/OACE). Should he/she not be able to maintain the guidelines and expectations of the adults and their peers, I understand that there will be consequences for their actions, including being removed from the activity and being sent home at the parent's expense.

By completing the online form I accept the terms and conditions.

Date of Submission: _____

VIDEO/PHOTOGRAPHY CONSENT

As parent/guardian, I understand that promotional pictures and videos (individual and group) will be taken during this event. I give permission for my son's/daughter's picture to be used for promotional materials (newsletter, web page, calendars, power point, video etc.) in highlighting the event.

Date of Submission: _____

Medical Matters

I hereby warrant to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. Of the following statements pertaining to medical matters, sign only those in accordance with your wishes:

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 and I understand that all financial obligations are my responsibility.

In the event of an emergency and you are unable to reach me, contact:

Name & Relationship _____ Phone _____

Family Doctor _____ Phone _____

Medications

My child will bring all such medications, well labeled, that are necessary. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency are as follows

My child is taking the following medication at the present time.

Medication(s): _____ Dosage: _____

Administer: _____

_____ I hereby **Do Not Grant Permission** for medication of any type, whether prescription or nonprescription, to be administered by my child unless the situation is life threatening and emergency treatment is required. (Please initial)

_____ I hereby **Grant Permission** for nonprescription medication (such as Tylenol, throat lozenges, cough syrup) to be given to my child, if deemed advisable. I understand that Aspirin will not be given to my son/daughter. (Please initial)

Medical Conditions Information

(Archdiocesan personnel will take reasonable care to see that the following information will be held in confidence.)

My son/daughter has:

- Has had an episode of the following or has been diagnosed: ___ Seizures ___ Asthma ___ Diabetic
- Allergic reactions to the following (foods, dyes, latex etc.) _____
- Has had a medical surgery within the last six months? ___ Yes ___ No still under doctor's care? ___ Yes ___ No
- Has a medically prescribed diet? _____
- The following physical limitations? _____
- Immunizations current and up to date: ___ Yes ___ No Date of last tetanus/diphtheria immunization _____
- You should also be aware of these special medical conditions of my child (e.g. depression, anxiety, etc.): _____

Insurance Information: ___ No, I do not carry medical insurance at this time.

Insurance Carrier: _____ Name of Insured: _____

Insurance Policy Number: _____

Father's Name: _____ Day Phone: _____

Mother's Name: _____ Day Phone: _____

In the event it comes to the attention of the chaperones associated with the activity that my child becomes ill with repeated symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called immediately. If this will be a long distance call, I want to be called collect (with phone charges reversed to myself). I fully understand the foregoing statements and sign this Parental/Guardian Medical Consent Waiver knowingly, freely, and willingly.

Signature (Parent/Guardian) Parent/Guardian must sign for anyone under 18 years of age.

Date

Signature (Participant 18 years of age or older must sign own consent)

Date