

St. Joseph Confirmation Retreat

PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participant's name: _____
Birth date: _____ Sex: _____ Shirt Size: _____
Parent/Guardian's name: _____
Home address: _____
Parent Cell(Best #): _____ Parent Cell (Alternate #) : _____
I, _____ grant permission for my child, _____
Parent or guardian's name Child's name

to participate in this parish event that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of parish employees and/or volunteers. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant").

ABOUT THE EVENT: St. Joseph Confirmation Retreat is a one day high school retreat which will meet the parish's confirmation retreat requirement. It will be an opportunity for our confirmation students to come together and invite the Holy Spirit into their life, in a very personal way.

Date: Saturday, March 2, 2019 'We Believe'
Cost: \$30 per person

Location: St. Joseph School
119 W Fay Street, Edinburg, Texas

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Parish of St. Joseph and the Diocese of Brownsville, its employees and agents, chaperons, 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 parish, its officers, directors and agents, and the Diocese of Brownsville, its employees and agents and chaperons, 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 parish/diocese.

Signature: _____

Date: _____

MEDICAL MATTERS: 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. (Of the following statements pertaining to medical matters, sign only those that are applicable.)

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 above numbers, contact:

Name & relationship: _____ Phone: _____

Family doctor: _____ Phone: _____

Signature: _____ Date: _____

Other Medical Treatment: In the event it comes to the attention of the parish, its officers, directors and agents, and the Diocese of Brownsville, chaperons, 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 collect (with phone charges reversed to myself).

Signature: _____ Date: _____

Medications: My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. These medications will be self administered or I (or someone designated by me) will come to administer the medication.

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: _____

I hereby grant permission for non-prescription medication (i.e. non-aspirin products such as acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: _____ Date: _____

Specific Medical Information: St. Joseph Parish -Edinburg will take reasonable care to see that the following information will be held in confidence.

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

Does child have a medically prescribed diet? _____

Any physical limitations? _____

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting?

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, etc.? If so, list date and disease or condition: _____

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

PHOTOGRAPH AND VIDEO CONSENT FORM:

From time to time, pictures and video may be taken of youth ministry events and gatherings. We would like to be able to use these photographs and videos for flyers, parish and diocesan publications, and the ministry website. Written consent of both the student and parent/guardian is required. Names will not be posted unless written authorization is given by the student and parent/guardian, and then only first names will be used. If there are concerns about pictures or videos posted on the website, please contact the ministry coordinator or webmaster, and they will promptly be removed.

I/We, the parent(s)/guardian(s) of this youth (name) _____, authorize and give full consent, without limitation or reservation, to St. Joseph Parish -Edinburg to publish any photograph or video in which the above named student appears while participating in any program associated with St. Joseph Parish - Edinburg. There will be no compensation for use of any photograph or video at the time of publication or in the future.

I give permission for photos to be taken of my child during this event, and for those photos to be published in parish newsletters, parish website and publications.

Parent/Guardian Signature: _____

Date: _____

Lenten Retreat – ‘We Believe’

Things to know.

- 1.) Arrival is 9:30 am at St. Joseph School (they will change into the retreat shirt, so you may want to wait for their other shirt)
- 2.) Lunch is at noon
- 3.) Vespers and Mass 4:20 to 6pm
- 4.) Pick-up in the cafeteria at 6:30pm

What to bring?

- 1.) Cell phone and headphones – if they don't own a cell phone they'll need a headphone splitter so they can plug in with someone else.
- 2.) Comfortable clothes and tennis shoes. (there will be games and running around)
- 3.) Pillow or mat – something to sit on the floor to watch a movie.