

Father's Full Name

Religion

Mother's Full Name

Religion

Address _____ City/Zip _____

E mail address _____

Home phone _____

Cell phone _____

Non-custodial parent, if applicable _____

Address _____ City/Zip _____

Home Phone _____ Cell phone _____

Emergency Contact _____

Address _____ City/Zip _____

Home phone _____ Cell Phone _____

Children to Register...First, Middle, Last name please

Child _____ Date Birth _____ Grade _____ School _____

Sacraments received and date received

Baptism _____ Reconciliation _____ Communion _____ Confirmation _____

Child _____ Date Birth _____ Grade _____ School _____

Sacraments received and date received

Baptism _____ Reconciliation _____ Communion _____ Confirmation _____

Child _____ Date Birth _____ Grade _____ School _____

Sacraments received and date received

Baptism _____ Reconciliation _____ Communion _____ Confirmation _____

Annual Parent/Guardian Consent Form and Liability Waiver

This Consent Form and Liability Waiver is required for and serves both on-site programs and off-site field trip events/activities for the stated program year. This form needs to be completed annually for each student. To obtain the needed permission, contact emergency and medical information you are requested to supply the needed information. As the specifics of each off-site field trip event are known you will be required to complete an Off-Site Field Trip Permission Form outlining the specifics of each activity. Please complete all sections.

Section 1 - Contact Information

Student/Participant's Name: _____ Gender: Female Male

Parent/Guardian's Name: _____

Home Address: _____

Home/Cell Phone: _____ Business/Cell Phone: _____

Section 2 - Off-Site Field Trip Consent Form and Liability Waiver

I, _____ (Parent or Guardian's Name) grant permission for my child, _____ (Name of Child) to participate in school/parish events this year that may require transportation to a location away from the school/parish site. The activities will take place under the guidance and direction of school/parish employees and/or volunteers of _____ (Name of School/Parish).

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("Participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend, its officers, directors of _____ (Name of School/Parish) and agents, and the Archdiocese of Dubuque, diocesan, or representatives associated with the events arising from or in connection with any child attending the events or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Archdiocese of Dubuque, diocesan, or representatives associated with the events for reasonable attorney's fees and expenses which they may incur in any action they may bring against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/school or the Archdiocese of Dubuque.

Signature: _____ Date: _____

Section 3 - Specific 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.

Item 4 - 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 want 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: _____

Family Health Plan Carrier: _____ Policy #: _____

Other names: _____

Item B - Other Medical Treatment

In the event it comes to the attention of the parish/school, its officers, directors and agents, and the Archdiocese of Dubuque, diocesan, or representatives associated with the activity that my child becomes ill with symptoms such as vomiting, sore throat, fever, diarrhea, I want to be notified.

Yes No

On-site Nonprescription Medication Permission - I hereby grant permission for nonprescription medication (such as ibuprofen, Tylenol, throat lozenges, etc.) to be given to my child in the event a condition arises after my child is already in attendance at the on-site program.

Yes No

Item C - Specific Medical Information: The parish/school will take reasonable care to see that the following information will be held in confidence. Check/initial all that are applicable to this student/participant.

- Allergic reactions (medications, foods, plants, insects, etc.): _____
- Child has asthma or is on any consistent prescription medication (see item 9.3 below)
- Has a medically prescribed diet?
- Any physical limitations?
- You should be aware of these special medical conditions of my child: _____

Signature: _____ Date: _____

THIS FORM REPLACES PREVIOUS VERSIONS AS ORALYALITE SIGNED

Administration of Medication - Archdiocese Board of Education Policy 51.6, Items 9-11.

- 9. Dispensing of prescription medication
- 1. For Catholic schools - Dispensing of prescription medication will be administered by a nurse or designated party while traveling and with the written consent of parent(s)/guardian(s). Prescription medication must be provided to the school in the original labeled container containing the physician's name, name of the medication, and dosage/directions to be given. A record of each dose administration administered will be documented in the pupil's medication record.
- 2. For all other youth programs - Dispensing of prescription medication will be self-administered by the child if a written consent of parent(s)/guardian(s) accompanies the prescription medication and the following terms are followed. The prescription medications provided in the original labeled container containing the physician's name, name of the medication, and dosage/directions to be given. The prescription medication is turned into the event supervisor who will hold all medication until the child would request the medication for self-administration. The prescription medication is self-administered in the presence of the event supervisor and for only the dosage stated on the prescription label.
- 3. Students utilizing asthma or allergy controlling prescription medication are allowed to administer their own dosage provided a completed consent form is on file in the school/program office. Such forms must be filed annually.
- 4. Containers will not be dispensed. Item C, Code 6280.15
- 10. Dispensing of nonprescription medication may occur, provided the parent/guardian have signed and dated an authorization for nonprescription medication, dosage, and time interval to be administered. Nonprescription medications can be provided on off-site field trips if the parent/guardian signs a nonprescription medication authorization for each off-site field trip.

Valid signed through 8/31/2018

**REGISTRATION FEE is \$55.00 for one student.
\$90.00 for two students, \$140.00 for 3 or over
/ student + sacramental fee, if applicable.**
Additional fees may be collected for retreats, rallies, and/or field trips as necessary.

For Internal Use Only:

Amount Paid _____ Date Paid _____

Cash/Check _____

Sacramental Fee (if applicable) _____

Plans for Future Payment:

Consent Forms

Dual Parent Reporting

Archdiocesan Policy #5124 states, "Unless otherwise decreed in the Order of Dissolution, information commonly made available to parents of any student in attendance (i.e., notices of school/catechetical program functions, report cards, appointments for parent-teacher conferences) should be provided to both parents."

In the case of a child whose parents are in separated circumstances, a follow-up form will need to be completed and returned.

___ Please send a form to complete and return.

Media Release and Authorization

I understand that by signing this Release and Authorization I hereby grant authority to _____ for the use of any videotapes, photographs, or (parish/cluster) similar items in which my child/children might appear, or statements made by them, in the production, display or sale of public service announcements.

Parent/Guardian signature

Date

