

## PARENTAL/GUARDIAN PERMISSION AND LIABILITY WAIVER

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Parent/Guardian's Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Cellular # ( ) \_\_\_\_\_

I, \_\_\_\_\_, grant permission for my son/daughter \_\_\_\_\_  
(Parent/Guardian's Name if Minor) (Participant's Full Name)

to participate in The Catholic Community of Gonzales and Waelder's youth ministry event. This activity will take place under the guidance and direction of parish employees and/or volunteers from the Catholic Community of Gonzales and Waelder.

### **Activity:** (a brief description of the activity/event follows):

Confirmation II Retreat for Confirmation Candidates: a 2 ½ day Retreat

Dates: Friday, February 9 through Sunday February 11 2024

Location: Texas Elks Children's Services Inc. Facility – Ottine, Texas

On Site Telephone Number for Emergencies: (830) 875-2425 (Texas Elk's)

**Please note: Cell phone reception at the (830) 203-9745 (Lena Hernandez's Cell #)**

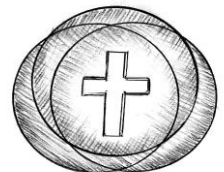
**Texas Elk's facility is Poor.**

Estimated Time of Departure: Friday, February 9 via Parish bus from St. James Parking Lot at 6:00 p.m.

Estimated Time of Return: Sunday, February 11 via Parish bus from Texas Elks facility to Sacred Heart Church for the 5pm mass.

As parent/legal guardian, I remain legally responsible for any personal actions taken by my son/daughter named above.

I agree on behalf of myself, my son/daughter named herein, our heirs, successors, and assigns to hold harmless and defend The Catholic Community of Gonzales and Waelder and its three churches – St. James, Sacred Heart, and St. Patrick – its officers, directors, agents, and the Archdioceses of San Antonio from any liability for illness, injury or death arising from or in connection with my son's/daughter's attending the above named event, and I agree to compensate the parish, its officers, directors and agents, and the Archdiocese of San Antonio, or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith.



\_\_\_\_\_  
Parent/Guardian Name if minor or Participant's Name **(Printed)**

\_\_\_\_\_  
Parent/Guardian Signature if minor or Participant's Signature

\_\_\_\_\_  
Date

## MEDICAL CONSENT AND PERMISSION TO TREAT

My child is in the care of **Catholic Community of Gonzales & Waelder** for the purpose of this youth ministry activity: **2024 Confirmation Retreat @ Warm Springs Texas, Elks Children Services, Ottine Tx.**

I am giving medical permission and consent to treat.

To the best of my knowledge, my child, \_\_\_\_\_ is in good health, and I assume all responsibility for the health of my child.

In the event of an emergency, I give permission to transport my child to a hospital for emergency treatment

If you are unable to reach me, please contact:

Name: \_\_\_\_\_

Relationship to me or my son/daughter: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_

My son/daughter is taking medication and will bring all medication with him/her and it will be clearly labeled. My son/daughter is taking the following medication(s) and directions for taking this medication, including dosage, frequency and storage are as follows:

\_\_\_\_\_ I hereby grant permission for non-prescription medication (such as cough drops, cough syrup, Tylenol, etc.) to be given to my child if necessary. I understand that aspirin will not be given to my son/daughter without my express permission: I grant such permission \_\_\_\_ Yes, \_\_\_\_ No.

My son/daughter is allergic to the following: \_\_\_\_\_

My son/daughter's immunizations are current and up to date \_\_\_\_ Yes, \_\_\_\_ No.

My son/daughter has the following limitations: \_\_\_\_\_

My son/daughter experiences homesickness, emotional reactions to new situations, sleepwalking, fainting, bedwetting, etc. \_\_\_\_ Yes, \_\_\_\_ No. Please explain: \_\_\_\_\_

### **Does Child have special dietary needs? (Pick those that apply)**

No: \_\_\_\_

Yes, Lactose-Free: \_\_\_\_

Yes, Gluten-Free: \_\_\_\_

Yes, Peanut Allergy: \_\_\_\_

Parent/Guardian Name (PRINT) \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date