ST. CHARLES BORROMEO CATHOLIC CHURCH
ADULT LIABILITY WAIVER

RELEASE OF LIABILITY

I, _____, agree on behalf of myself, my heirs, assigns, executors, and personal representatives, to hold harmless and defend St. Charles Borromeo Parish, the Archdiocese of New Orleans, its officers, directors, agents, employees, or representatives associated with the activity listed below from any and all liability claims, loss or damage arising from or in connection with my participation in the activity listed below:

Type of event: March For Life

Destination of event: Washington, D.C.

Date of Event: Wednesday, January 17, 2018 – Sunday, January 21, 2018

Mode of transportation to and from event: plane

Signature _____ Date _____

Print Name _____

ST. CHARLES BORROMEO CATHOLIC CHURCH
ADULT MEDICAL INFORMATION AND CONSENT FORM

Participant's name _____

Address _____

Birth Date _____ **Sex** _____

Home Phone # _____ **Cell Phone #** _____

Business Phone # _____ **Other Phone #** _____

SECTION I. MEDICAL MATTERS

I hereby authorize St. Charles Borromeo Parish to carry out the wishes I have names (herein) in areas of emergency medical treatment and other cases of illness. I hereby warrant to that, to the best of my knowledge, I am in good health, and I assume all responsibility for my health care.

Signature: _____ Date: _____

SECTION II. EMERGENCY MEDICAL TREATMENT

In the event of an emergency, I hereby give permission to be transported to a hospital for emergency medical or surgical treatment. In the event of an emergency contact:

Name & relationship: _____ Phone: _____
Family doctor: _____ Phone: _____
Family Health Plan Carrier: _____ Policy #: _____
Signature: _____ Date: _____

SECTION III. MEDICATIONS

I understand that I am responsible for taking my own medications and that such medications will be kept in well-labeled containers. Names of medications and concise directions for such medications, including dosage and frequency of dosage, are as follows: _____
_____

Signature: _____ Date: _____

SECTION IV. MEDICAL INFORMATION

The parish coordinator will take reasonable care to see that the following information is held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.): _____
Immunizations: Date of last tetanus/diphtheria immunization: _____
Do you have a medically prescribed diet? _____
Any physical limitations? _____
Are you subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bed-wetting, fainting? _____
Have you recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc? If so, date and disease or condition: _____
I have the following special medical condition that you should be aware of: _____
_____
_____