

PARENT MEDICAL AND LIABILITY RELEASE STATEMENT,
CODE OF CONDUCT, PHOTO RELEASE, & ONLINE SERVICES

(Parish Selected Platforms)

I.E. ZOOM, GO TO MEETING, SCHOOLGY, GOOGLE CLASSROOM, SOCIAL MEDIA ACCOUNT, etc.

DIOCESE OF SAN BERNARDINO 1201 E. Highland Ave., San Bernardino, Ca 92404-4641 (909) 475-5300

CATHOLIC MUTUAL GROUP 1201 E. Highland Ave., San Bernardino, CA 92404-3972 (909) 886-6001

(Parish Name, Address, and Phone)

PLEASE PRINT

FAITH FORMATION CLASS _____

**Please check one:

Location: _____

Adult (18 and older)

Youth (under 18)

Phone: _____

Date & Time of Activity: _____ Cost: _____

Participant's Name: _____ Date of Birth: _____

Parent/Legal Guardian's Name: _____

Phone #: _____ Cell or Work #: _____

Emergency Contact Name: _____ Phone #: _____

Family Physician: _____ Phone #: _____

Insurance Company: _____ Policy No: _____

Allergies/Medical Problems/ Disabilities: _____

Is the participant taking any over the counter or prescriptions drugs? **Please list and print clearly**

(Use another sheet if necessary) _____

Please list any Allergies to medication or foods _____

I also understand that in the event medical intervention is necessary, every attempt will be made to contact immediately the persons listed on this form. If I cannot be reached in an emergency during the activity dates shown on this form, I give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/ order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand all reasonable safety precautions will be taken at all times by: _____

(Coordinators Name & Phone #) and its agents during the events and activities. I understand the possibility of unforeseen hazards and know there is the inherent possibility or risk. **I agree not to hold,**

_____, **its leaders, employees and volunteers** liable for damages, losses, diseases, or injuries incurred by the subject of this form.

I understand that by signing this form I/my child agree(s) to cooperate and participate fully, that I/my child will show respect for the property visited, respect for neighbor, that I/my child will show respect for the law and practice safety skills at all times. By failing to meet this code of conduct, I/my child am/are aware that appropriate action may be taken, and arrangements may be made for immediate removal from the event.

I hereby authorize the making of photographs, motion pictures, videotapes, voice recording, usage of online services

_____ (Parish selected platform(s) used for sessions) OR other memorializing of said session and my child's participation therein, and the publication and duplication or other use thereof. I hereby waive any rights to compensation or any right that I otherwise might have to limit if to control such making or use.

By checking this box, I **DO** authorize any photos, videotapes, and voice recordings of my child as well as his/her usage of the online services mentioned above. Initials of Adult filling out form _____ Date _____

By checking this box, I **DO NOT** authorize any photos, videotapes, and voice recordings of my child as well as his/her usage of the online services mentioned above. Initials of Adult filling out form _____ Date _____

Parent/ Guardian Signature Required for minors under 18 Date _____

Signature of Participant Required (Youth or Adult) Date _____

INFORMATION

MEDICAL LIABILITY

CONDUCT

DIGITAL

PERMISSION