

**Catholic Archdiocese of Atlanta**  
**St. Peter Chanel Catholic Church**  
**HS/MS Mentoring Program**  
**Parental / Guardian Consent Form and Liability Wavier**

Name of Participant: \_\_\_\_\_

Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Parent / Guardian's Name \_\_\_\_\_

Address: \_\_\_\_\_

Home phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_

I, (Parent/Guardian above), grant permission for my child, (Participant above), to participate in this parish event that will take place St. Peter Chanel in Roswell, GA. This activity will take place under the guidance and direction of parish employees and /or volunteers from the parish. A brief description of the activity follows:

Type of Event: *Service, Social, Faith Formation*

Destination of Event: *St. Peter Chanel*

Individual in Charge: *Megan Kyle, Kendra Lockhart*

Cost: *\$0*

Bring: *Each month may have different requirements.*

Dates of Event: *Saturday, September 11<sup>th</sup>-(5:30-9:00 p.m.)*  
*Saturday, October 16<sup>th</sup> - (5:30-9:00 p.m.)*  
*Saturday, December 11<sup>th</sup>-(5:30-9:00 p.m.)*  
*Friday, February 4<sup>th</sup>-(6:30-10:00 p.m.)*  
*Friday, March 11<sup>th</sup>-(6:30-10:00 p.m.)*  
*Friday, April 15<sup>th</sup>-(6:30-10:00 p.m.)*

Time of Event: *Varies for each gathering, noted above.*

As a parent and / or legal guardian, I remain legally responsible for any personal actions taken by my child. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. Peter Chanel, its officers, directors, and agents and the **ARCHDIOCESE OF ATLANTA**, Georgia, chaperones, or representatives associated with the event, arising from or in connection with my child attending the event 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 Atlanta, chaperones, or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

I / We hereby grant permission for publication of group (two or more persons) photo taken at youth events.

Signature of Parent / Guardian \_\_\_\_\_ Date \_\_\_\_\_

Please submit a Local Trip Medical Release available on [www.stpeterchanel.org](http://www.stpeterchanel.org)

## Medical Release Form

I give permission to seek any emergency care should my child be involved in any accident or be injured in any way during such events. I understand that any such instance, all attempts will be made to contact the parent/guardian. In the event that I cannot be contacted, I hereby give permission to the attending physician to hospitalize, secure treatment for, and to order injection, anesthesia, and/or surgery for my child, as named herein.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Relationship to Teen: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Parent's Place of Business/address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Relative/friend to contact if unable to reach parent/guardian in the event of emergency:

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

Relationship to Teen: \_\_\_\_\_ Phone #: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

Insurance is provided by which parent and/or place of employment? \_\_\_\_\_

Address and Phone Number of Insurance Company: \_\_\_\_\_

Group Number: \_\_\_\_\_

Special considerations to be aware of (ie: allergies, medical conditions, etc...)

Medication (and dosage) my son/daughter is currently taking:

(EITHER A PHYSICIAN'S PRESCRIPTION OR PARENT NOTE MUST ACCOMPANY ALL MEDICATIONS.  
PRESCRIPTION – PLEASE ATTACH NOTE TO THIS FORM.)

Please notify the Religious Education Office if insurance changes.