

**PARENT MEDICAL AND LIABILITY RELEASE STATEMENT
 CODE OF CONDUCT, PHOTO RELEASE, AND ONLINE SERVICE PLAT FORMS
 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) 475-5167
CATHOLIC MUTUAL GROUP 1201 E. Highland Ave. San Bernardino, CA 92404 (909) 886-6001
 St. Joseph Catholic Church 505 E. Mountain View St. Barstow, CA. 92311 (760) 256-5891

INFORMATION

RELIGIOUS EDUCATION / FAITH FORMATION

Location: ST. JOSEPH CATHOLIC CHURCH, BARSTOW

****Please check one:**

- Adult (18 and older)
 Youth (under 18)

Participant's Name: _____ **Date of Birth:** _____

Parent/Legal Guardian's Name: _____

E-mail _____ **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 _____

MEDICAL LIABILITY

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 from, 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: St. Joseph Church 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, St. Joseph Barstow 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.

CONDUCT

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

DIGITAL

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* _____

PERMISSION

Parent/ Guardian Signature Required for minors under 18 _____
Date

Signature of Participant Required (Youth or Adult) _____
Date