

# AGREEMENT FOR THE "COME AND SEE" WEEKEND

## SAINT JOSEPH ABBEY + SEMINARY COLLEGE

75376 River Road, St. Benedict, Louisiana, 70457

### I. GENERAL PROVISIONS

Saint Joseph Abbey and Seminary College ("SJASC") agrees to allow \_\_\_\_\_ (the "student") to attend the "Come and See" event and to participate in the event activities as stated in this agreement, subject to the rules and regulations stated in this document.

Current School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

SJASC shall not be liable for any injury to person(s) or damage to property sustained on the premises of the SJASC by members of the undersigned student, the student's organization or by performers/participants and patrons of the tenant's event(s).

### II. USE OF FACILITIES & GROUNDS

- No animals or pets are allowed on the premises except for those assisting the legally handicapped.
- No signs, posters or decorations may be used or placed on the SJASC grounds without proper consent from the SJASC.
- Alcohol may not be brought onto SJASC premises at any time by any member of the group.
- Smoking is prohibited in all buildings of SJASC. There is a designated outdoor smoking area on the campus under the north-south breezeway of Pius X; two tables and ashtrays are located in this area. Smoking should be confined to this area only. Smoking is prohibited for students under the age of 18 as mandated by the laws of the state of Louisiana.
- The student of the facilities agrees to leave all used facilities and equipment in a clean, orderly condition after use.
- The grounds must be left free of litter. Any activities that may break or damage trees, shrubs or flowers should be avoided.
- All equipment should be inspected by the student before use. Any problems should immediately be reported to the attention of SJASC. Equipment should not be used until is repaired and the SJASC considers it safe to use.
- All damage to SJASC's property must be reported immediately. All rooms, facilities, and/or landscaping/grounds will be inspected prior to departure and the student will be responsible for replacing or repairing damaged property.

### III. PARKING

All participant vehicles should be parked in the SJASC lot located adjacent to Borromeo Hall and the swimming pool. **NO VEHICLES SHOULD BE PARKED NEAR THE MONASTERY.**

### IV. PARENTAL CONSENT

A parental consent form must be completed and returned with this form prior to the visit/event. Please see attached consent form.

\_\_\_\_\_  
Parent or Guardian Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Please print Name, Address, City/State/Zip:

Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_ Email: \_\_\_\_\_

SAINT JOSEPH ABBEY & SEMINARY COLLEGE  
MEDICAL INFORMATION AND CONSENT FORM

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**GENERAL INSTRUCTIONS TO PARENTS/GUARDIANS:**

1. Please take care in filling out this form. It provides crucial information for caregivers in the event of illness or medical emergency. Accuracy and thoroughness are encouraged.
  2. Sections I, II and V are mandatory. Sections III and IV provide you with treatment options in non-emergency situations.
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Participant's name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Sex: \_\_\_\_\_

Parent/Guardian's name \_\_\_\_\_

Home address: \_\_\_\_\_  
(Street) (City/State) (Zip)

Home phone: \_\_\_\_\_ Cellular phone: \_\_\_\_\_

Business phone: \_\_\_\_\_ Other: \_\_\_\_\_

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**SECTION I. MEDICAL MATTERS**

As the parent/legal guardian of the above named child , I hereby authorize Saint Joseph Abbey & Seminary College or representatives associated with the activity, to carry out the wishes I have named (herein) in areas of emergency medical treatment and other cases of illness. This authorization inclusively extends from \_\_\_\_\_, 20\_\_ through \_\_\_\_\_20\_\_\_. I hereby warrant that, to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION II. EMERGENCY MEDICAL TREATMENT**

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the numbers listed herein, contact:

Name & relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Family doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Health Plan Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### SECTION III: OTHER MEDICAL TREATMENT

In the event it comes to the attention of Saint Joseph Abbey & Seminary College or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reversed to myself).

Signature \_\_\_\_\_ Date: \_\_\_\_\_

### SECTION IV: MEDICATIONS

*(SIGN ONLY THOSE OPTIONS THAT ARE APPLICABLE)*

- My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- I hereby grant permission for non-prescription medication (such as aspirin, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- NO medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### SECTION V: MEDICAL INFORMATION

Saint Joseph Abbey & Seminary College will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.): \_\_\_\_\_

Immunizations: Date of last tetanus/diphtheria immunization: \_\_\_\_\_

Does child have a medically prescribed diet? \_\_\_\_\_

Any physical limitations? \_\_\_\_\_

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bed-wetting, fainting? \_\_\_\_\_

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc? \_\_\_\_\_ If so, date and disease or condition: \_\_\_\_\_

You should be aware of these special medical conditions of my child: \_\_\_\_\_

**SAINT JOSEPH ABBEY + SEMINARY COLLEGE  
PARENTAL CONSENT FORM**

I/we the undersigned request that my/our child be permitted to participate in the activity named below.

**SCHOOL NAME AND ADDRESS:** Saint Joseph Abbey + Seminary College – Come and See Weekend  
75376 River Road, St. Benedict, LA 70457

STUDENT'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

MODE OF TRANSPORT: \_\_\_\_\_ DATE OF VISIT: \_\_\_\_\_

ARRIVAL TIME: \_\_\_\_\_ DEPARTURE TIME: \_\_\_\_\_

**MEDICAL RELEASE**

I understand that every effort will be made to contact me in the event of any accident or injury to my child, but in the event that I cannot be reached, I hereby authorize the school representative to consent to whatever medical or surgical treatment may be considered necessary or advisable by the physician or nurse in attendance and treating such injuries.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of my agent to give specific consent for any and all such diagnosis, treatment or hospital care which the aforementioned physician or nurse in the exercise of his/her best judgment may deem advisable. This authorization is given pursuant to the applicable provisions of the laws of the state of Louisiana and the Archdiocese of New Orleans.

**RELEASE OF CLAIMS AGAINST SAINT JOSEPH ABBEY + SEMINARY COLLEGE AND ITS REPRESENTATIVES AND THE ARCHDIOCESE OF NEW ORLEANS, LA.**

As Parent/Guardian, I have voluntarily applied, on behalf of my child, to participate in the above-identified event and visit. I understand that there are risks in my child's/ward's presence and participation in this school-sponsored program, and to participate in this activity may require transportation to a location away from the seminary campus. I HEREBY AGREE ON BEHALF OF MY CHILD TO ASSUME ANY AND ALL RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE, ARISING OUT OF, OR CAUSED BY MY CHILD'S/WARD'S PRESENCE AND PARTICIPATION IN THIS VISIT/EVENT. I HEREBY RELEASE THE ABBEY + SEMINARY COLLEGE, ARCHDIOCESE OF NEW ORLEANS, LA, AND ANY OF ITS AFFILIATED ORGANIZATIONS, AGENTS, EMPLOYEES, FROM ALL ACTIONS OR CLAIMS THAT MY CHILD, MY CHILD'S HEIRS AND/OR LEGAL REPRESENTATIVES NOW HAVE OR MAY HEREAFTER HAVE FOR BODILY INJURY, DEATH, AND PROPERTY DAMAGE RESULTING FROM MY CHILD'S PARTICIPATION IN THIS VISIT/EVENT.

I HAVE CAREFULLY READ THIS AGREEMENT AND AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF ON BEHALF OF MY CHILD, AND THE ABBEY + SEMINARY COLLEGE AND I SIGN IT OF MY OWN FREE WILL.

**BEHAVIOR EXPECTATIONS**

I agree that the supervising personnel have the right at their discretion to enforce the established rules of conduct, and I agree to direct my child to cooperate and conform with directions of the supervising personnel.

**SIGNATURES**

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

Please print name: \_\_\_\_\_ Phone: \_\_\_\_\_