

Ss. Peter and Paul
150 Railway St E
Loretto, MN 55357



St. Thomas the Apostle
20000 County Hwy 10
Corcoran, MN 55340

Parental Consent Form & Indemnity Agreement for Parish Lock-In 2026

Youth Participant Name: _____

Sex: M / F Date of Birth: ___ / ___ / ___ Grade (2025-2026): 6th / 7th / 8th / 9th / 10th / 11th / 12th

Parent/Guardian Name: _____

Home Address: _____

Parent E-mail Address: _____

Parent Primary Phone: _____ Parent Secondary Phone: _____

Date of Event: April 10-11, 2026

Type of Event: Lock-In

Location: St. Timothy's, Maple Lake

Transportation: None Provided

Estimated time of event: 6pm to 6am

Total Student Cost: \$45

Individual in Charge: Julianne Leighton (Director of Religious Education)

I, _____ grant permission for my child, _____, to participate in this parish/school event that requires transportation to a location away from the parish/school site. This activity will take place under the guidance and direction of parish/school employees and/or volunteers from the Churches of Ss. Peter and Paul, St. Thomas the Apostle, and other participating Lock-In Parishes (including the Church of Saint Timothy and the Church of Saint Ignatius).

I understand and agree that as parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named minor ("participant"). I understand that my child is required to comply with the Code of Conduct provided by the parish/school while participating in the event. I understand and agree that if my child violates the Code of Conduct he/she may be required to be transported home at my expense.

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Churches of Ss. Peter and Paul, St. Thomas the Apostle, and other participating Lock-In Parishes (including the Church of Saint Timothy and the Church of Saint Ignatius), its officers, directors, employees and agents, and the Archdiocese of Saint Paul and Minneapolis, its employees and agents, chaperones, or representatives associated with the event and activities (hereinafter "Releasees"), from any claims arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate Releasees for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of

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such injury or damage, unless such claim arises from the negligence of Releasees and is not a communicable disease claim (see communicable disease hold harmless and indemnification agreement below).

Should photos or video be taken, I give my permission for the use of the image and/or likeness of my child in any promotional or other marketing activities relating to the event/activity or our parish Youth Ministry without compensation to me or my child.

Parent/Guardian Signature: _____ Date: _____

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Medical Matters:

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.

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 above numbers, contact:

Name & relationship: _____

Phone: _____

Family doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy #: _____

Signature: _____ Date: _____

Communicable Disease Release, Hold Harmless & Indemnification Agreement:

I agree to hold Releasees harmless, release, defend, and indemnify Releasees for any communicable disease claim arising out of the above event that is brought against Releasees by myself, participant, my family members, heirs, assigns, executors, and personal representatives. I understand and agree this communicable disease release, hold harmless, and indemnification agreement includes claims based on the actions, omissions, or negligence of participant, myself and others, including, but not limited to the Releasees.

Signature: _____ Date: _____

Other Medical Treatment:

In the event it comes to the attention of the Churches of Ss. Peter and Paul, St. Thomas the Apostle, and participating Lock-In parishes (including the Church of Saint Timothy and the Church of Saint Ignatius), its officers, directors and agents, and the Archdiocese of Saint Paul and Minneapolis, chaperones, 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 as soon as it is reasonably possible.

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Does your child have prescription medicine to take during the event?

- YES: my child has prescription medication(s). Names of medication(s) and schedule and dosage are indicated on my child's Medication Form. My child will bring all such medications necessary and such medications will be well-labeled.
- NO: my child does not have prescription medication.

Do you grant permission to the Churches of Ss. Peter and Paul and St. Thomas the Apostle to administer non-prescription medication (such as non-aspirin products, i.e. acetaminophen or ibuprofen, throat lozenges, cough syrup) to you child?

- YES: non-prescription medication may be administered to my child if deemed appropriate.
- NO: non-prescription medication may not be administered to my child unless the situation is life-threatening and emergency treatment is required.

As Parent or Guardian, I agree to all of the above stated considerations and conditions.

Signature: _____ Date: _____

Specific Medical Information:

The parish/school 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? _____

Does child have any physical limitations? _____

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting?

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, etc.? yes/no If so, list date and disease or condition: _____

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

As Parent or Guardian, I agree to all of the above stated considerations and conditions.

Signature: _____ Date: _____

Prescription Drug and Medicine Authorizations:

Any prescriptions or over-the-counter medicine must be in the original, labeled container. The following information must be completed before medicine is given.

Student Name _____

Name of Prescription/Medicine _____

Prescribing Doctor _____

Amount of Dosage _____

Times to be Given _____

Duration of Prescription _____

I, _____, hereby authorize Ss. Peter and Paul and St. Thomas the Apostle to dispense medicine to _____ as directed above.

Signature: _____ Date: _____

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Code of Conduct

Participant's name: _____

Parent's name: _____

The following are a few rules that all participants are expected to follow while participating and representing the Churches of Ss. Peter and Paul and St. Thomas the Apostle.

My child(ren)/participant(s) WILL:

- Treat all other persons with respect and not cause any intentional harm (physically, emotionally, or spiritually) to any person in any way.
- Respect the property of others, including all program facilities and property.
- Follow all appropriate instructions of all personnel aiding in this event/activity, including, but not limited to parish staff, catechists/leaders, chaperones, support staff, transportation personnel and administration.
- Be on time for all check-ins and departure time.
- Not have in possession any tobacco, alcohol or any controlled illegal substance.

I agree that if any of these terms are violated, the Churches of Ss. Peter and Paul and St. Thomas the Apostle can send the participant home at the participant/guardian's expense.

I have read and agree to the terms of the Code of Conduct.

Parent's Signature

Date