

BOWMAN-FRANCIS MINISTRY



AKOBEN (*War Horn*). *The war horn a symbolic summon or call to arms, readiness, & volunteerism.*

PARENT/GUARDIAN CONSENT AND LIABILITY WAIVER

I, (name of parent/guardian) _____ give permission for my child (name of child) _____ to participate in the **NATIONAL BLACK CATHOLIC CLERGY CAUCUS AND BOWMAN FRANCIS MINISTRY ANNUAL NATIONAL MEN'S CONFERENCE** to be held in Jackson, MS on **October 13, 2011 thru October 16, 2011**. I hereby release and indemnify the National Black Catholic Clergy Caucus [NBCCC] Board Directors, Staff and Volunteers, the Bowman-Francis Team [BFT], a Corporation Sole, from any and all liability arising from claims of any kind of native whatsoever from my child's participation in this program. I understand that if my child violates any laws regarding possession of Alcohol or Drugs governing the event, I will be called to pick up my child from the premises. In the event undersigned cannot be reached, and in the judgment of the responsible adult or other appropriate staff member accompanying the Group to **ANNUAL NATIONAL MEN'S CONFERENCE**, if there is a necessity for immediate examination and/or treatment of my child, I hereby authorize any of the a foresaid personnel to obtain for my child such medical services as are deemed necessary:

Signature of Guardian _____ Date _____

MEDICAL MATTERS: I hereby represent that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. Of the following statements pertaining to medical matters, sign only those in accordance with parent(s)/guardian(s) wishes.

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I hereby give permission to **BLACK CATHOLIC CLERGY CAUCUS AND BOWMAN FRANCIS MINISTRY**, its officers, directors, agents, volunteers, and chaperones or representatives associated with **BLACK CATHOLIC CLERGY CAUCUS AND BOWMAN FRANCIS MINISTRY** to transport my child to a hospital for emergency medical or surgical treatment. I furthermore give permission to these above-described parties to authorize any and all emergency medical treatment recommended by hospital or other medical personnel, in the event that neither I nor the emergency contact person listed below can be reached, and recognize that I will be fully responsible for all cost and expenses related thereto. I wish to be advised prior to any further treatment by the hospital or doctor. If you are unable to reach me at the above numbers, contact:

Name and Relationship _____ Telephone _____

Name of Physician _____ Telephone _____

Family Health Plan Center _____ Policy Number _____

Participants Social Security Number _____

I do not give authorize or give permission to any officer, agent, director, volunteer or chaperone to provide any type of medical care or treatment to my child.

Signature _____ Date _____

(PLEASE PROCEED TO AND COMPLETE THE NEXT PAGE)

FOUNDERS

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Rev. Chester P. Smith, SVD
Rev. Kenneth J. Hamilton, SVD

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BOWMAN-FRANCIS MINISTRY
815 E. 58th Street, Indianapolis, Indiana 46220-2603
Tel. 317-259-0144 / Email: Gamba10333@aol.com



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OTHER MEDICAL TREATMENT: In the event it comes to the attention of BLACK CATHOLIC CLERGY CAUCUS AND BOWMAN FRANCIS MINISTRY, its officers, directors, agents, volunteers, chaperones, and representatives associated with BLACK CATHOLIC CLERGY CAUCUS AND BOWMAN FRANCIS MINISTRY, that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with telephone charges reversed to myself). No medication of any type, whether prescription or nonprescription, may be administered to my child unless the situation is life threatening and emergency treatment is required.

Signature _____ Date _____

I hereby give permission for adult chaperones for this event to administer non-prescription medication (such as aspirin, throat lozenges, cough syrup) for my child, as needed, if deemed advisable by the emergency medical personnel.

Signature _____ Date _____

SPECIFIC MEDICAL INFORMATION: BLACK CATHOLIC CLERGY CAUCUS AND BOWMAN FRANCIS MINISTRY will take reasonable care to see that the following information be held in confidence.

Allergic reaction to: _____

Medication child currently takes: _____

Does your child have a medically prescribed diet? _____

You should also be aware of the special medical conditions of my child

[Please Note: If your child is currently taking psychotropic medications, such as drugs used for treating attention deficit disorder (add/adhd) depression, anxiety disorders, eating disorders, and seizure disorders, BLACK CATHOLIC CLERGY CAUCUS AND BOWMAN FRANCIS MINISTRY **must be specifically notified of the same in form of a letter from the prescribing physician, together with an indication of the medication, dose schedule.**]

(YOUR SIGNATURE MUST APPEAR BELOW OR YOUR CHILD WILL NOT BE ABLE TO ATTEND NATIONAL BLACK CATHOLIC CLERGY CAUCUS AND BOWMAN FRANCIS MINISTRY ANNUAL NATIONAL MEN'S CONFERENCE)

PARENT: I fully understand the consequences of the foregoing statements and sign this **PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER** knowingly, freely, and willingly. I also understand and agree as parent(s)/guardian I will be notified at the time of any infractions requiring my child's dismissal from the Annual National Men's Conference and that I will be held liable for any property damage or other caused by my child at my own expense as parent(s)/guardian.

Signature _____ Date _____

YOUTH: As a member of _____ parish/school understand and agree to abide by all rules and regulations for the BLACK CATHOLIC CLERGY CAUCUS AND BOWMAN FRANCIS MINISTRY. I also understand and agree that my parent(s)/guardian will be notified at the time of any infractions requiring my dismissal from the Annual National Men's Conference and that I will be sent home at my own or my parents/guardian expense. Being found with any alcoholic beverages, drugs, or weapons will result in automatic dismissal from Annual National Men's Conference.

Signature _____ Date _____

NBCCC/BFT REPRESENTATIVE SIGNATURE

Date

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NBCCC 8th Annual Men's Conference
Jackson, MS
October 13, 2011 through October 16, 2011

To: Whom It May Concern/ Principal, Teachers and Staff.

For: _____



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On behalf of National Black Catholic Clergy Caucus(NBCCC), we ask for the student and/or students that are participating at this event to be excused from school on Friday, October 14, 2011, for the purpose of participating in the NBCCC 8th Annual Men's Conference being held in the Jackson, MS, beginning Thursday evening October 13 - October 16, 2011.

The primary goal of the NBCCC 8th Annual Men's Conference is to respond to the educational, psychological, and spiritual needs of African American Males. The Conference is a valuable spiritual experience for youth ministers, pastors, ministers, Christian educators, teachers, parents, and teen leaders striving for excellence in their ministry to African American Males.

Thank you for your time and consideration in this matter.

Fr. Chester P. Smith SVD
National Black Catholic Clergy Caucus

