

**Guidelines for Recruiting, Screening of Employees and Volunteers,
and Directives for the Safety of All People in the Diocese of Edmundston**

All reasonable precautions for the safety and health of the participant will be taken. He/she will be properly supervised in all activities. In the event of accident or sickness, the above-mentioned parish, the Diocese of Edmundston, their staff and volunteers are released from any liability.

In the event of injury requiring medical attention, I authorize treatment for the participant and understand that reasonable attempts will be made to contact me should such as situation occur.

In the event that travel or activities take place outside this province, I understand that any medical costs incurred involving the participant are my responsibilities.

The participant must be covered by provincial health insurance or equivalent medical coverage. If the trip is out of province, please give insurance provider and policy number:

Participant's Health card number: _____

Participant's Family Physician: _____ Phone: _____

Contact person (not parent) in case of emergency and parents/guardians/caregivers cannot be reached:

Name: _____ Phone: _____

Name: _____ Phone: _____

This authorization is valid for the period of _____ to _____

If there is more than one activity, this authorization is valid for the duration of the activities mentioned on page 3.

Dated _____ day of _____ 20 ____.

Parent/Guardian Signature: _____

Parish Coordinator Signature: _____

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1. Description of activity: _____

Location: _____

Date: _____

2. Description of activity: _____

Location: _____

Date: _____

3. Description of activity: _____

Location: _____

Date: _____

4. Description of activity: _____

Location: _____

Date: _____

5. Description of activity: _____

Location: _____

Date: _____

6. Description of activity: _____

Location: _____

Date: _____

**Note: For every activity approved by the parent/guardian/caregiver,
please mark with your initials.**