

Youth's Last Name: \_\_\_\_\_

Date Form Completed \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# AII SAINTS EMERGENCY RELEASE FORM (School year 2017-2018)

Youth's Name: \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ M / F

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent(s)/Guardian(s) Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy # (if different) \_\_\_\_\_ Group # \_\_\_\_\_ Phone \_\_\_\_\_

Pertinent Medical Information (including drug allergies, chronic conditions, current medications, other)

## PERMISSION TO TRAVEL AND PARTICIPATE / LIABILITY RELEASE:

I/We, the undersigned, as the parent(s)/guardian(s) of the child(ren) named above, do hereby give him/her permission to travel with the youth group of All Saints Catholic Church and to participate in all youth activities and functions. We understand that our child may be traveling via public or private transportation (for example: car, bus, boat, van, plane). We hereby recognize the inherent risk associated with the various youth activities and forms of travel, and agree to save and hold harmless All Saints Catholic Church, the Roman Catholic Diocese of Dallas, their employees, volunteers, and agents, from any liability or expense that may arise from my child's participation in youth events and any travel related incidents going to and from such event.

\*Signature of Parent(s)/Guardian(s) \_\_\_\_\_ Date \_\_\_\_\_

## PERMISSION TO DISPENSE OVER THE COUNTER MEDS AND FIRST AID:

I/We, the undersigned, as the parent(s)/guardian(s) of the child(ren) named above, do hereby give my son/daughter permission to take the following "over the counter" medications as needed for minor aches and pains, under the supervision of church personnel. (Circle any and all that apply):

Imodium    Antacid    Dramamine    Benadryl    Sudafed    Tylenol (Acetaminophen)    Advil (Ibuprofen)    Triaminic (Cough Syrup)    Midol

\*Signature of Parent(s)/Guardian(s) \_\_\_\_\_ Date \_\_\_\_\_

## AUTHORIZATION OF CONSENT TO TREAT MINOR:

I/We, the undersigned, as the parent(s)/guardian(s) of the child(ren) named above, do hereby authorize All Saints Catholic Church, youth ministry leaders, servants, employees, officers and adult volunteers as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any physician or surgeon licensed under the provision of the Medical Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital. It is understood that this authorization is given in advance of any specific treatment or diagnosis, but is given to provide authority and power of treatment, or hospital care which the aforementioned physician in the exercise of best judgment may deem advisable. This authorization is given pursuant to the provisions of Chapter 32 of the Texas Family Code. This authorization shall remain effective for up to one year from the date of completion of this form, unless sooner revoked in writing delivered to said agent(s).

\*Signature of Parent(s)/Guardian(s) \_\_\_\_\_ Date \_\_\_\_\_

## RELEASE OF LIABILITY:

I/We, the undersigned, as the parent(s)/guardian(s) of the child(ren) named above, shall indemnify, hold free and harmless, assume liability for, and defend All Saints Catholic Church, its agents, servants, employees, officers, and directors from any and all costs and expenses including but not limited to, medical fees, attorney's fees, discovery costs, court costs, and all other sums associated with any claim or action founded thereon, including those arising or alleged to have arisen out of treatment of aforementioned minor. We also release All Saints Catholic Church, the Dallas Catholic Diocese, and any agents of the church of any liability incurred due to aforementioned minor's use of real or personal property belonging to All Saints Catholic Church, its agents, employees, or volunteers.

\*Signature of Parent(s)/Guardian(s) \_\_\_\_\_ Date \_\_\_\_\_

## PHOTOGRAPHIC RELEASE:

I/We, the undersigned, as the parent(s)/guardian(s) of the child(ren) named above, do hereby grant permission for All Saints Catholic Church to publish photos of the child(ren) named above in the church's various forms of publications, or on the church's various websites. I give All Saints Catholic Church the perpetual, royalty-free right to use photos of my child(ren) in any manner including but not limited to publications and websites. I understand that both the various publications and websites have a large audience and my child's photo will be available to the general public. I further understand that All Saints Catholic Church assumes no liability or responsibility whatsoever concerning any consequences of such use. I further state that I have the right to give this permission as I am the child's parent or legal guardian. I understand that if I give notice to the webmaster that I object to any particular picture on the website, it will be removed as soon as possible. Publication of these photos on websites may include first names for the identification purposes unless I check the box below that I do not give permission for my child(ren)'s name to be used.

\_\_\_\_\_ Please DO NOT include my child(ren)'s first name with their photo on websites.

\*Signature of Parent(s)/Guardian(s) \_\_\_\_\_ Date \_\_\_\_\_

***This document will remain valid from the date of signature through June 30, 2018***