

## PARENT /GUARDIAN CONSENT AND EMERGENCY MEDICAL RELEASE EVENT FORM

Name of the Event: \_\_\_\_\_

Destination: \_\_\_\_\_

Parish Name \_\_\_\_\_

Group Leader Name \_\_\_\_\_

Date and Anticipated Time of Departure: \_\_\_\_\_

Return: \_\_\_\_\_

Cost to Youth: \_\_\_\_\_

Method of Transportation: \_\_\_\_\_

Name of Youth: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ (check one)

Home Address: \_\_\_\_\_

Parent / Guardian's Name: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

### **MEDICAL INFORMATION**

Please list all information pertaining to allergies, diet, special medications, health conditions or any other information necessary in an emergency situation.

Explain fully: \_\_\_\_\_

**Medications:** My child is taking the following medication(s):

Description \_\_\_\_\_ Dosage \_\_\_\_\_

Description \_\_\_\_\_ Dosage \_\_\_\_\_

Medical / Hospital Insurance

Carrier: \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_ Relation to participant \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

If you would like your youth to participate in this event, please sign and return the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by your youth.

I hereby consent to participation by my youth \_\_\_\_\_ in the event described above. I understand that this event will take place away from the parish grounds and that my youth will be under the supervision of the designated supervisor on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation.

In consideration for the opportunity for my child to participate, and fully recognizing that such an undertaking involves an element of risk, we assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify and agree to hold harmless the Diocese of Pensacola-Tallahassee and \_\_\_\_\_ Parish, and their employees, agents, volunteers, and other persons acting on their behalf. Neither the Diocese of Pensacola-Tallahassee, \_\_\_\_\_ Parish, nor said agents, employees, or volunteers, shall be held financially responsible for any injury, illness or death incurred as a direct or indirect result of this activity. We the undersigned have read this release and understand all its terms and execute it voluntarily and with full knowledge of its significance.

**EMERGENCY MEDICAL TREATMENT:** In the event of an emergency, I/we hereby authorize the Diocese of Pensacola-Tallahassee, and \_\_\_\_\_ Parish, through its authorized representatives, to transport my child to a hospital or other doctor's office or medical facility for emergency medical attention. I/We additionally authorize such representatives of the Diocese and/or School to obtain and give consent to whatever medical treatment the representative deems necessary, including the administering of anesthetic and surgery, and do hereby release the Diocese and \_\_\_\_\_ Parish, and their authorized representatives from any and all claims which may arise from the above-referenced obtaining and consenting to medical treatment. I/We wish to be advised, if possible, prior to the providing of any non-emergency medical treatment by any physician or hospital. If I/we are unable to be reached, please contact the following:

**Emergency contact and relation to participant** \_\_\_\_\_

**Address and Phone Number**

☐

*I Accept.*

*By selecting the "I Accept" box, you are signing this Agreement electronically. You agree your electronic signature is the legal equivalent of your manual signature on this Agreement. By selecting "I Accept" you consent to be legally bound by this Agreement's terms and conditions.*

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

**This form must be with the head chaperone at all diocesan and parish events**