## Archdiocese of Galveston-Houston Epiphany of the Lord Catholic Community Office of Youth Ministry

## Key Leader, Chaperone and Young Adult Assistant Medical Release and Liability Form

I,, do hereby		
ton- Houston, the parish, its staff and volunteers from any and all		•
participation in (event)		
ectly or indirectly from or attributable in any legal way, to any a nection with execution of this event. I authorize treatment by a linecident or illness that may so arise, or any hospitalization necess	action or omission to act of any such organizatensed medical physician or licensed medical	ntion or person in
Participant's Name (Printed)	Gender? M or F	
Γ-Shirt Size (Circle One): S M L XL XXL XXXL	Family Envelope #:	
Address		
City	Zip	
Parish		
Home Phone Cell Phone	Text? Y or N	
Physician's NamePh	ione	
(The following request is pertinent information if you are rer	ndered unconscious)	
Date of Birth (including year):Age:		
Date of last Tetanus shot:		
Please list ALL medical conditions / allergies / special health inf	ormation including bouts with depression and	d anxiety:
Please list ANY medications (prescription or non-prescription) y	ou would like us to be aware of:	
Do you have Medical Insurance: □ Yes □ No		
f Yes, Please provide the following information: Insurance C	Company:	
Policy in the name of:Po	olicy Number:	
Name of Emergency Contact:Ph	none Number:	
n the event the participant does not have insurance, payment he patient.		•
Signature Date		-
In signing the line above I agree to abide by any/all policies and duct). Should I not be able to maintain the guidelines and exp		

understand that there will be consequences for my actions, which could include being asked to leave the event.