



**School Year: 2023 - 2024**

**Family Name:**

*The Catholic Diocese of Victoria in Texas*

## ***Adult Emergency Contact Form***

*Thank you for volunteering to work with our youth. Please fill out the below information in case of an emergency.*

Adult Name: \_\_\_\_\_

**Emergency Contact Person:** \_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Emergency Contact Person:** \_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Other Notes: \_\_\_\_\_

Adult Name: \_\_\_\_\_

**Emergency Contact Person:** \_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Emergency Contact Person:** \_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Other Notes: \_\_\_\_\_

Adult Name: \_\_\_\_\_

**Emergency Contact Person:** \_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Emergency Contact Person:** \_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Other Notes: \_\_\_\_\_



School Year: 2023 - 2024

Family Name:  
*The Catholic Diocese of Victoria in Texas*

## ADULT LIABILITY WAIVER

Every adult participant, including group leaders, chaperones, catechists, and other volunteers, working or volunteering with minors in any capacity must sign this form.

## RELEASE OF LIABILITY

I, \_\_\_\_\_ (full name of adult participant), agree on behalf of myself, my heirs, assigns, executors, and personal representatives to hold harmless and defend St. Mary's Church in Victoria \_\_\_\_\_ (parish/school), Diocese of Victoria, its officers, directors, agents, employees, or representatives from any and all liability for illness, disease (e.g. COVID-19), injury, or death arising from or in connection with my participation in the activity that may take place from 09/01/2023 (start date) to 08/31/2024 (end date).

## MEDICAL RELEASE

In the event that I should require medical treatment and I am not able to communicate my desires to attending physicians or other medical personnel, I give permission for the necessary emergency treatment to be administered. Please advise the doctors that I have the following allergies:

\_\_\_\_\_  
\_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_

Insurance ID Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_

In case of an emergency and for permission for treatment beyond emergency procedures, please contact:

Name: \_\_\_\_\_

Relationship to me: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Nighttime Phone: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name



School Year: 2023 - 2024 Family Name:

*The Catholic Diocese of Victoria in Texas*

**YOUTH PERMISSION FORM/MEDICAL RELEASE**

NAME \_\_\_\_\_ Gender \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

St/Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Parish \_\_\_\_\_

PARENT/LEGAL GUARDIAN'S NAME \_\_\_\_\_

Address (if different than above) \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Wk (\_\_\_\_) \_\_\_\_\_

I request and give my consent for my son/daughter, \_\_\_\_\_ to participate in all church/school sponsored activities from 09/01/2023 through 08/31/2024, sponsored by St. Mary's Church in Victoria and/or by the Diocese of Victoria. I understand that my son/daughter will be under the supervision of diocesan and/or parish/school personnel. I give my permission to the personnel in charge of the activity to search my child's belongings, bag, backpack, or other container if it is deemed necessary to do so. As parent or legal guardian I agree to defend, indemnify and hold harmless the Diocese of Victoria and St. Mary's Church, its clergy, officers, agents, employees and volunteers from any claims, costs or expenses for property damages, personal injuries or other damages arising out of my son/daughter's participation in the above mentioned activity or during the transportation to and from the event. I grant permission for non-prescriptive medication (e.g. tylenol, throat lozenges, cough syrup, pepto-bismol, etc.) and routine nonsurgical medical care to be given to my son/daughter if deemed advisable by the supervising diocesan and/or parish personnel. In case of an emergency, I also grant permission to transport my child to the nearest hospital for emergency medical or surgical treatment and for an authorized adult sponsor to sign for treatment if I cannot be located.

\_\_\_\_\_ Date \_\_\_\_\_ Parent's Signature \_\_\_\_\_

My son/daughter is allergic to: \_\_\_\_\_

My son/daughter takes the following medication (name, dosage): \_\_\_\_\_

This medication is for: \_\_\_\_\_

Medication that my son/daughter is allergic to: \_\_\_\_\_

Last immunization/booster for Diphtheria/Tetanus: \_\_\_\_\_

Any specific medical problems: \_\_\_\_\_ Any physical limitations: \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

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

Name of Insurance Company \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City/St/Zip \_\_\_\_\_

Name of Insured \_\_\_\_\_ Policy # \_\_\_\_\_

Group or Plan # \_\_\_\_\_ ☐ I do not have insurance at this time.

**Contacts in case of emergency and parent cannot be reached:**

Name \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Other Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Other Phone (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ My child may also be released to the emergency contact adults listed above after an event. (Please initial line)

\_\_\_\_\_ My child has a valid driver's license and may drive to and from events. (Please initial line)



**School Year: 2023 - 2024 Family Name:**

*The Catholic Diocese of Victoria in Texas*

## Video/ Photo/ Media/ Audio Release

I hereby grant St. Mary's Catholic Church in Victoria (School/Parish/Diocesan Entity) the right to make, use, and/or publish any and all videos, photos, media, audio, or other images of my minor child

\_\_\_\_\_ in which they may be included, now existing or hereafter made, in any case, with or without identifying (him/her) for editorial, advertising, news, social media, or any other purpose and in any manner and medium.

I hereby release and agree to fully and unconditionally defend, indemnify, and hold harmless St. Mary's Catholic Church in Victoria (School/Parish/Diocesan Entity) and the Diocese of Victoria, its clergy, officers, Agents of the Church, employees and volunteers from any claims, costs or expenses for property damages, personal injuries, or other damages that may arise out of my minor child's participation.

I understand **that all communication with my minor child will be directly related to an approved School/Parish/Diocesan Entity activity.** In addition, I understand there will be no financial or other remuneration for recording my minor child in photos, videos, audio, or other images for initial or subsequent use, transmission, or playback

I hereby **give permission** for my minor child to be in video/photos/media/audio/other images.

\_\_\_\_\_ Parent/ Guardian Signature \_\_\_\_\_ Date

I hereby **do NOT give permission** for my minor child to be in video/photos/media/technology/audio.

\_\_\_\_\_ Parent/ Guardian Signature \_\_\_\_\_ Date

## Technology Release

Written parental/guardian permission to communicate via social media or other electronic communications with a minor must be obtained. Parents must be notified of the methods of communication, which are used in each particular ministry and **MUST BE COPIED AND INCLUDED IN SUCH COMMUNICATIONS.** These communications will only be used for ministry purposes such as announcements, scheduling of events, and similar notifications.

I hereby **give permission** for my minor child to be contacted through social media or other electronic communications.

\_\_\_\_\_ Parent/ Guardian Signature \_\_\_\_\_ Date

I hereby **do NOT give permission** for my minor child to be contacted through social media or other electronic communications.

\_\_\_\_\_ Parent/ Guardian Signature \_\_\_\_\_ Date

**If permission is granted, list preferred method of contact for parent/legal guardian and minor child:**

Choice	Mode of Communication	Guardian Contact Information	Minor Child Contact Information
_____	Text Messages	_____	_____
_____	Email	_____	_____
_____	Cell Phone	_____	_____