

All SAINTS EMERGENCY RELEASE FORM

Youth's Last Name: _____ Date Form Completed ____ / ____ / ____

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 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 participate in all youth activities and functions. We hereby recognize the inherent risk associated with the various youth activities. We 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 related incidents.

*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 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 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 that the aforementioned physician may deem advisable in exercising best judgment. 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 and 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 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 occurred out of the treatment of the 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 the 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 multiple 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 the various magazines 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 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 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 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 _____