

Family Name: _____
Date Form Completed: _____

ST. PATRICK FALL 2016 – SUMMER 2017 YOUTH LIABILITY RELEASE FORM

(Please Completely Answer ALL Questions)

Youth's Name: _____ School/Grade: _____ DOB: ___/___/___ M / F (Circle One)

Address: _____ City: _____ State: _____ Zip: _____

Parent(s)/Guardian(s) Name: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Physician's Name: _____ Phone: (____) _____

Insurance Company: _____ Member Number: _____

Policy Number: _____ Group Number: _____ Phone: (____) _____

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

PERMISSION TO TRAVEL AND PARTICIPATE

I/We _____, the parent(s)/guardian(s) of

_____, a minor, do hereby give him/her permission to travel with the youth group of St. Patrick Catholic Church and to participate in all youth activities and functions. I/We understand that my/our child may be traveling via church/public transportation (example: bus, car, boat, van, plane), and hereby recognize the inherent risk associated with the forms of travel.

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

PERMISSION TO DISPENSE OVER-THE-COUNTER MEDICATIONS AND FIRST AID

I/We _____, the parent(s)/guardian(s) of

_____, a minor, do hereby give him/her permission to take the following "over-the-counter" medications as needed for minor aches and pains, under the supervision of church personnel.

Circle all that apply:

Imodium Antacid Dramamine Benadryl Sudafed Tylenol (Acetaminophen)

Advil (Ibuprofen) Triaminic Cough Syrup Midol Other _____

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

AUTHORIZATION OF CONSENT TO TREAT MINOR

I/We _____, the parent(s)/guardian(s) of _____, a minor, do hereby authorize St. Patrick Catholic Church, youth ministry leaders, servants, employees, officers and adult volunteers, as agents 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 the advance of any specific treatment or diagnosis to provide authority and power to consent to treatment or hospital care which the aforementioned physician in the exercise of best judgment may deem advisable.

The 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 execution of this form, unless sooner revoked in writing and delivered to St. Patrick Catholic Church.

Signature of Parent/Guardian: _____ **Date:** _____

Signature of Parent/Guardian: _____ **Date:** _____

INDEMNITY AND RELEASE OF LIABILITY

I/We _____, the parent(s)/guardian(s) of _____, a minor, agree to indemnify, defend, release, and save and hold harmless St. Patrick Catholic Church and the Roman Catholic Diocese of Dallas, as well as their employees, volunteers, agents, officers and directors, from any claim, action, liability, or expense that may arise from my/our child's participation in youth events, including but not limited to, those arising out of any medical treatment of my/our child, any travel to and from youth events, and any use of real or personal property belonging to St. Patrick Catholic Church or the Roman Catholic Diocese of Dallas, regardless of whether the claim, action, liability, or expense arises from any act, omission, or negligence, whether active or passive, or sole or concurrent, of St. Patrick Catholic Church, the Roman Catholic Diocese of Dallas, or any of their employees, volunteers, agents, officers or directors.

Signature of Parent/Guardian: _____ **Date:** _____

Signature of Parent/Guardian: _____ **Date:** _____