

**Name of Parish** \_\_\_\_\_

**ADULT CONSENT AND EMERGENCY MEDICAL RELEASE FORM**

I (please print) \_\_\_\_\_ do hereby, for myself, my heirs, executors, and administrators, waive, release, absolve, indemnify and agree to hold harmless any and all adults who chaperon, also the Archdiocese and its representatives, successors, supervisors, sponsors, organizers and participants for any injuries in connection with the program named above. I likewise release from my responsibility any person transporting myself to and from any of the activities. I/We hereby grant permission for publication of group (two or more persons) photos taken at this event.

I also give permission to seek any emergency care should I be involved in any accident or be injured in any way during such events named above. I understand that in any such instance, all attempts will be made to contact the emergency name listed below. In the event that they cannot be contacted, I hereby give permission to the attending physician to hospitalize, secure treatment for, and to order injection, anesthesia, and/or surgery.

I also agree that I am legally responsible for all/any personal actions during this event, and agree to be financially responsible for any/all damages, legal fees, and other costs incurred as a result of my actions/behavior.

<b>Insurance Carrier:</b> _____	<b>Policy #:</b> _____
<b>Insurance Phone #:</b> _____	<b>Child's Birthday:</b> _____

\_\_\_\_\_By initialing here, I grant permission for non-prescription medications to be given, if deemed appropriate by adult chaperone(s).

**My child is allergic to:** \_\_\_\_\_ **Current medication (and dosage):** \_\_\_\_\_

**Other medical, physical, or general information:** \_\_\_\_\_

**In Emergency, Notify:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

**Applicant's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**In signing this form, I certify that all information contained herein is true and accurate to the best of my knowledge.**