

St. Patrick Catholic Church
PARENTAL CONSENT AND EMERGENCY MEDICAL RELEASE FORM
St. Patrick Youth Group - SPY

I/We, the parent(s)/guardian(s) of _____ do hereby give my/our permission and approval for my/our son/daughter/guardianship to participate in SPY activities throughout the 2015 – 2016 year with the SPY group.

I/We do hereby, for myself, my heirs, executors, and administrators, waive, release, absolve, indemnify and agree to hold harmless any and all adults who chaperone this event, other participants, St. Patrick's Catholic Church, the Catholic Diocese of Austin, and any of the above named parties' representatives, successors, supervisors, sponsors, and/or organizers, for any injuries in connection with the outing / event(s) named above, provided that said injuries are not the result of gross, willful negligence.

I/We likewise release from liability any person(s), airline, bus company, or other transportation service, transporting my child, in a privately owned and/or leased vehicle, to and from any activities connected with the above named event(s), with the exception of gross negligence due either fully, or in part, to mechanical failure and/or operator error.

I/We also give permission to seek any emergency care should my child be involved in any accident or be injured in any way during such events named above. I/We understand that in any such instance, all attempts will be made to contact the parent/guardian. In the event that I/we cannot be contacted, I/we hereby give permission to the attending physician to hospitalize, secure treatment for, and to order injection, anesthesia, and/or surgery for my child as deemed medically necessary. Unless otherwise instructed, it is permissible that my/our son/daughter/guardianship be given aspirin / pain medication / cold medicine by either medical personnel or other adults responsible during this event.

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

Furthermore, I/we agree that if the above named student's behavior is inappropriate, unsafe and/or detrimental to the group, I/we will be contacted immediately to secure means of removing my/our child/guardianship from the event premises. I/We understand that any financial costs incurred as a result of my/our child/guardianship being sent home are my/our responsibility.

Additionally, I/we give permission for my/our son/daughter/guardianship to be photographed during activities associated with the above-mentioned event. I/we understand that said photos/videos may be used for future publicity within the parish, Diocese, and/or Catholic Church.

Parent/Guardian signature: _____ **Date:** _____

Printed Name: _____ **Relationship:** _____

Name of Parish: St. Patrick Catholic Church **Name of Youth Minister:** David Eckelkamp

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

Participant's Signature: _____ **Date:** _____

In signing the above line, I agree to abide by any / all policies and rules established for this event / activity. Should I not be able to maintain the guidelines and expectations of the adults and my peers, I understand that there will be consequences for my actions, including being removed from the activity and being sent home at my parent's expense.

Basic rules / expectations include, but are not limited to, the following: Respect for all adult leaders, peers, and all property; NO illegal drugs, alcohol, underage smoking, firearms, explosives, or other illegal substances; Males and females are to remain in separate sleeping spaces at all times; No inappropriate physical / sexual activity; Appropriate attire is to be worn at all times. Other guidelines may be set forth accordingly by adult chaperones present for the event(s).

Requested information on both sides of this form MUST be filled in completely in order for the student to participate in this event.

Name of Student: _____ Date of Birth: _____
Address: _____
_____ Home phone #: _____
Participant's Social Security Number: _____ (Required for treatment in most Hospitals.)

Father/Guardian's full name: _____
Social Security Number: _____ Phone #: _____
Home address: _____
Place of business/address: _____ Phone #: _____

Mother/Guardian's full name: _____
Social Security Number: _____ Phone #: _____
Home address: _____
Place of business/address: _____ Phone #: _____

Relative or friend to contact if unable to reach parent/guardian in the event of emergency:
Name: _____ Relationship: _____ Phone #: _____

Insurance Carrier: _____
Insurance Policy Number: _____
Insurance is provided by which parent and/or place of employment? _____
Address and Phone Number of Company: _____
A photocopy of the Insurance Card must be attached to this form.

Medication (and dosage) my son/daughter is currently taking: _____

***PHYSICIAN'S PRESCRIPTION OR PARENT NOTE MUST ACCOMPANY ALL MEDICATIONS.
PRESCRIPTION / NOTE SHOULD BE ATTACHED TO THIS FORM.***

Other special considerations to be aware of (i.e.: allergies, medical conditions, etc...): _____

Date of last Tetanus Booster: _____