

Parental/Guardian Consent Form/Medical Release and Liability

For Participation in St. Ambrose Youth Ministry Mtgs/Events/Trips

Participant's Name: _____

Date of Birth: _____ Grade: _____ Current Age: _____ School: _____

Parents'/Guardian's Names: _____ ; _____

Relationship to Participant: _____ ; _____

Home Phone: _____ Mom Cell: _____ Dad Cell: _____

Parents' E-Mail: _____

Home: #, Street, city, zip code

Teen Cell # : _____ Teen E mail: _____

Emergency Medical Treatment: I request that in my absence the above-named minor be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named minor. I assume full responsibility for all costs of such treatment. Further, should it be necessary for the participant to return home due to medical, disciplinary, or other reasons, I do hereby assume responsibility for the participant's transportation home and any costs related there to.

EMERGENCY CONTACT:

Name: _____ Relationship: _____

Home Phone: _____

Work Phone: _____ Cell Phone: _____

Address: _____

City: _____

State: _____ Zip: _____

Your Child's medical info:

Allergies: _____ Epi Pen: Yes / No

Medications: _____

Medical Conditions:

Family Doctor: _____ **Counselor:** _____

Phone: _____

Family Health Plan Carrier: _____ **Policy Number:** _____

WAIVER: I hereby waive and release any and all rights and claims for damages which I may have against The Diocese of Arlington, St. Ambrose Catholic Church, St. Ambrose Youth Ministry and all of their directors, coordinators, agents, servants, employees, volunteers, for any and all injuries which I may incur while taking part in the PROGRAM. This release also encompasses any and all injuries which may be sustained while traveling to and from participation in the PROGRAM. I understand it is my parent/guardian's responsibility to pick me up at the predetermined time. I understand that if I become ill or destructive, my parent/guardian listed above or the EMERGENCY CONTACT will be called to take me home.

Photo Release: Photo, Press, Audio, and Electronic Media Release: I authorize the Catholic Diocese of Arlington, its parishes, its schools and/or the Arlington Catholic Herald to use and publish my child's photograph, video and/or audio recording along with their name identifying them for educational, news stories, illustration and/or marketing purposes _____ *(initial here!)*



Parent/Guardian Signature

Date