

AUTHORIZATION OF CONSENT TO TREAT MINOR (Signature required by Parent/Legal Guardian)

I/We, _____ are the (check one) ___ parent(s) or ___ guardians of _____, a minor, and as such do hereby authorize Divine Mercy Parish, the Roman Catholic Diocese of Dallas, and their leaders, employees, contractors, respective members, directors, volunteers and agents as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical, dental, 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 laws of the jurisdiction where such diagnosis or treatment may be given, whether such diagnosis or treatment is rendered at the office of said physician, at a hospital, or at any other location. 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 which the aforementioned physician in the exercise of best judgment may deem advisable. This authorization is given pursuant to the provisions of Chapter 32 of the Texas Family Code. This authorization shall remain effective throughout the specific event dates listed above. In consideration of acceptance of this authorization, but without any time limitation and without any future right of revocation, I/we hereby release, defend and hold harmless Divine Mercy Parish and The Roman Catholic Diocese of Dallas (Diocese), and their respective members, officers, directors, employees, volunteers, youth ministry leaders, chaperones, agents and contractors from all claims, liabilities and loss in any way arising out of or in connection with or relating to such treatment and treatment decisions, and I (we) fully and completely assume all responsibility for all medical bills.

Parent/Legal Guardian Name (please print)

Signature (print form to sign)

Date

Audio/Visual Recording and Photography Consent: (Signature required by Parent/Legal Guardian)

On occasion, video recordings, audio recordings, photographic slides, and photographs are taken of children and youth during church and diocesan sponsored activities. These are utilized in newsletters, websites, event promotion, advertisements and other printed media. For good and valuable consideration, I hereby grant to _____ (parish) the irrevocable and unrestricted right to make, use and/or publish any and all photographs, videos, and other images of me/my minor child _____ (youth), or images in which me/my minor child may be included, now existing or hereafter made, in any case, with or without identifying subject for editorial, advertising, news, or any other purpose and in any manner and medium; to alter the same without restriction; and to copyright the same. I release the staff and volunteers of _____ (parish) and the Roman Catholic Diocese of Dallas from any liability connected with the use of my child's picture or audio/video recording as part of any of the above or similar activities.

Parent/Legal Guardian/Conservator Name (please print)

Signature of Parent/Guardian/Conservator (print form to sign)

Date Signed

NOTE TO ALL PARENTS – CHAPERONES – VOLUNTEERS

Any participant under 18 years of age MUST HAVE:

- (1) a designated chaperone. Parent is responsible for finding a chaperone for their child.**
- (2) written permission signed by a parent or legal guardian if planning to leave the Divine Mercy Youth Conference during Retreat hours. The Chaperone must accompany minor to the sign-out monitor, and parent must come inside to pick up minor.**
- (3) If your child is attending with a group/parish, submit your completed forms to your Youth Minister/Group Leader.**