

St. Joseph Parish Youth Emergency Medical Information, and Release DATE _____

Participant(s): _____ **Email:** _____

Parent(s): _____ **Home#:** _____

Work#: _____ **Cell#:** _____ **Parent Email:** _____

St. Joseph Church, Bryan, Texas, a Texas non-profit corporation. **Diocese:** The Catholic Diocese of Austin, a Texas non-profit corporation.
CCFM: Collaborative Catholic Formation Ministries, a Texas non-profit corporation.

I(we) the undersigned represent that I (we) are the parent(s) or legal guardian(s) of participant and have full authority under law to sign this document.

Unless this paragraph is struck and initialed by the undersigned, Parents authorize Parish/School and the Diocese to provide over-the-counter aspirin, pain relievers, cold medicine, and other over-the-counter medications to Participant at Participant's request if the Parish/School or Diocese deem it reasonable to do so. The Parish/School will make reasonable attempts to notify Parents prior to authorizing any such over-the-counter medication.

In the event of an emergency or a situation that is reasonably considered to be an emergency, Parents authorize the Parish/School, the Diocese, and CCFM to seek and authorize emergency medical care to be given to Participant (for example, first aid, medication, anesthesia, or surgery). The Parish/School will make reasonable attempts to notify Parents prior to authorizing any such emergency care. Parents grant CCFM, the Parish/School and the Diocese permission to photograph and video tape Participant during the Event; and to use the photographs and video tapes in publications and promotions of the Parish/School and the Diocese, including but not limited to publications such as websites, newsletters, advertisements, scrapbooks, and yearbooks. To the extent permitted by law, Parents, for themselves and for Participant, release and agree to indemnify and hold harmless CCFM, the Parish/School, the Diocese, and the Transportation Provider from any and all liability, claims, demands, and costs which may arise as a result of Participant's participation or which is, in any way, related to such participation. This paragraph covers loss under any theory of loss (negligence or otherwise) including but not limited to personal injury or property damage. Parents and Participant assume all risk of injury or loss to themselves or their property.

Parent/Guardian signature: _____ Date: _____

Emergency Contact and Insurance Information

Emergency contact: _____ Phone: _____

Alternate, contact: _____ Phone: _____

Participant(s) Insurance Carrier: _____ Phone: _____

Address: _____

Child #1: _____ / _____ / _____
Name Date of Birth Grade

1) Date of Last Tetanus Booster: _____

2) Participant has the following conditions (allergies, medical conditions, etc.): _____
_____ *Attach additional sheets if necessary*

3) Participant is currently taking the following medication: _____

4) Special Instructions or Other Information: _____

Child #2: _____ / _____ / _____
Name Date of Birth Grade

1) Date of Last Tetanus Booster: _____

2) Participant has the following conditions (allergies, medical conditions, etc.): _____
_____ *Attach additional sheets if necessary*

3) Participant is currently taking the following medication: _____

4) Special Instructions or Other Information: _____
