

Catholic Archdiocese of Atlanta
ST. ANNA'S CATHOLIC CHURCH

PARENTAL CONSENT AND EMERGENCY MEDICAL RELEASE FORM

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 the St. Anna's Field Trips. 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. Anna's Catholic Church, the Catholic Archdiocese of Atlanta, 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 negligence. I/ We hereby grant permission for publication of group (two or more persons) photos taken at youth events.

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 named herein.

I also agree that I am legally responsible for all/any personal actions taken by my 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 will be contacted immediately to secure means of removing my child/guardianship from the event premises. I understand that any financial costs incurred as a result of my child/guardianship being sent home are my responsibility.

Name of Student: _____ Date of Birth: _____

Address: _____

_____ Home Phone: _____

Please list any special considerations we need to be aware of (ie: allergies, medical conditions, limitations, etc.)

Medications: My child is taking the following medication(s):

Description: _____ Dosage: _____

Description; _____ Dosage: _____

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

_____ By parent or guardian initialing here, permission is granted for non-prescription medications to be given, if deemed appropriate by adult chaperone(s).

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

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Father/Guardian's full name: _____

Home Phone: _____ Cell Phone: _____

Home address: _____

Place of business/address: _____

Mother/Guardian's full name: _____

Home Phone: _____ Cell Phone: _____

Home address: _____

Place of business/address: _____

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 of Company: _____ Phone: _____

****Please photocopy insurance card that is to be used and attach it to this form****

Printed Name: _____ Relationship: _____

Parent/Guardian signature: _____ Date: _____

Name of Parish: _____ Name of Youth Minister: _____

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

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).

By signing below, I have read and understand the Basic Rules and Expectations above and agree to abide by any/all policies and rules established for all of St. Anna's events and activities. 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 could be sent home at my parent's expense.

Participant's Signature: _____ Date: _____