

**Catholic Archdiocese of Atlanta**  
**St. Peter Chanel Catholic Church**  
**ADULT CONSENT AND RELEASE FOR MEDICAL TREATMENT**  
(For adult participants, 21 years of age or older.)

**SUPER SERVICE SATURDAY – MIDDLE SCHOOL DAY OF SERVICE**

\_\_\_\_\_ 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, also the Archdiocese and its representatives, successors, sponsors, organizers and participants for any injuries in connection with the SUPER SERVICE SATURDAY (January 26, 2008.) I likewise release from my responsibility any person transporting myself to and from any of the activities. I also give my permission to seek emergency care if an injury or accident should occur.

Signature (Mandatory): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

In Emergency, Notify: \_\_\_\_\_

Phone(s): \_\_\_\_\_ Relationship: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Social Security Number (Hospitals require for treatment): \_\_\_\_\_

I am allergic to: \_\_\_\_\_  
\_\_\_\_\_

Medication I am taking: \_\_\_\_\_  
\_\_\_\_\_

Other medical conditions/information: \_\_\_\_\_

Date of last Tetanus Booster: \_\_\_\_\_

**Child & Youth Protection Policy**

It is the policy of the Archdiocese of Atlanta to have all volunteers fill out a profile and go through a background check before volunteering with children or youth. Please have the pastor of your parish sign below verifying that all paperwork and background checks have been completed at the parish and are on file at both the parish and the Archdiocese Office of Human Resources. Adults must be cleared by the Parish or School to participate.

Pastor/Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_