

Archdiocese of Atlanta
PARENTAL CONSENT AND EMERGENCY MEDICAL RELEASE FORM
Super Service Saturday—Middle School Day of Service
 Saturday, March 19, 9am to 2pm

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 SUPER SERVICE SATURDAY on March 19, 2011 with the Parish Youth Group. 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. Peter Chanel Parish, the Catholic Archdiocese of Atlanta, work site parish, 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.

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| Type of Event: Service | Individual in Charge: Caroline Morris |
| Destination of Event: Meet at SPC - Service will be in and around Roswell | Cost: \$5.00 for supplies Bring: Your Lunch |
| Date of Event: Saturday March 19, 2011 | Time of Event: 9:00 am to 2:00 pm |

Parent/Guardian signature: _____ Date: _____

Printed Name: _____ Relationship: _____

Name of Parish: St. Peter Chanel Name of Youth Minister: Caroline Morris

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

I / We hereby grant permission for publication of group (two or more persons) photo taken at youth events.

_____ **I can drive/chaperone. I can be reached at:** _____

Participant's Signature: _____ **Date:** _____

In signing the above line, I agree to abide by any / all policies and rules established for this event / activity. 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 being sent home at my parent's expense.

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.

Medical Release Form

I give permission to seek any emergency care should my child be involved in any accident or be injured in any way during such events. I understand that any such instance, all attempts will be made to contact the parent/guardian. In the event that I cannot be contacted, I 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.

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____

Relationship to Child: _____

Name of Student: _____ Date of Birth: _____

Address: _____

Home phone #: _____ Cell #: _____

Parent's Place of Business/address: _____

Business Phone: _____

Relative/friend to contact if unable to reach parent/guardian in the event of emergency:

Name: _____

Relationship to Teen: _____ Phone #: _____

Hospital Preference: _____

Insurance Carrier: _____

Insurance Policy Number: _____

Insurance is provided by which parent and/or place of employment? _____

Address and Phone Number of Insurance Company: _____

Group Number: _____

Special considerations to be aware of (ie: allergies, medical conditions, etc...)

Medication (and dosage) my son/daughter is currently taking:

(EITHER A PHYSICIAN'S PRESCRIPTION OR PARENT NOTE MUST ACCOMPANY ALL MEDICATIONS. PRESCRIPTION – PLEASE ATTACH NOTE TO THIS FORM.)

Please notify the Religious Education Office if insurance changes.