

ST. JUDE EMERGENCY RELEASE / PERMISSION FORM

(Office Use Only)

THIS FORM EXPIRES: AUGUST 31, 2012

Date Recv: \_\_\_\_\_

Youth FULL Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ M / F

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_ School Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent / Guardian Name(s): \_\_\_\_\_

Home #: (\_\_\_\_) \_\_\_\_\_ Work #: (\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Member SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

+++++  
Pertinent Medical Information (including drug allergies, chronic conditions, current medications, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PERMISSION TO TRAVEL AND PARTICIPATE / LIABILITY RELEASE

I / We \_\_\_\_\_, the parent(s) / guardian(s) of:  
\_\_\_\_\_, a minor, do hereby give him/her permission to travel with the youth group of St. Jude Catholic Church and to participate in all youth activities and functions. I / We understand that my/our child may be traveling via public or private transportation (example: bus, car, boat, van, airplane). I/We hereby recognize the inherent risk associated with the various youth activities and forms of travel, and agree to save and hold harmless St. Jude Catholic Church, the Roman Catholic Diocese of Dallas, and their employees, volunteers, and agents from any liability or expense that may arise from my child's participation in youth events and any travel related incidents going to and from such event.

Signature of Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

PERMISSION TO DISPENSE OVER-THE-COUNTER MEDICATIONS AND FIRST AID

I / We \_\_\_\_\_, the parent(s) / guardian(s) of:  
\_\_\_\_\_, a minor, do hereby give him/her permission to take "over-the-counter" medications as needed for minor aches, pains, and ailments, under the supervision of church personnel.

EXCEPTIONS ~ The following over-the-counter medication(s) should NOT be administered to my child:  
(List all that apply) \_\_\_\_\_

Signature of Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## AUTHORIZATION OF CONSENT TO TREAT MINOR

**THIS FORM EXPIRES: AUGUST 31, 2012**

I / We \_\_\_\_\_, the parent(s) / guardian(s) of:

\_\_\_\_\_, a minor, do hereby authorize St. Jude Catholic Church, youth ministry leaders, servants, employees, officers and adult volunteers, as agents for the undersigned, to consent to any x-ray examination, anesthetic, medical 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 provision of the Medical Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital.

It is understood that this authorization is given in the advance of any specific treatment or diagnosis to provide authority and power to consent to 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 for up to one year from the date of completion of this form, unless sooner revoked in writing and delivered to said agents.

### RELEASE OF LIABILITY

I / We \_\_\_\_\_, the parent(s) / guardian(s) of:

\_\_\_\_\_, a minor, shall indemnify, hold free and harmless, assume liability for, and defend St. Jude Catholic Church and the Roman Catholic Diocese of Dallas, its agents, servants, employees, officers, and directors from any and all costs and expenses including but not limited to, medical fees, attorney's fees, discovery costs, court costs, and all other sums associated with any claim or action founded therein, including those arising or alleged to have arisen out of treatment of aforementioned minor. We also release St. Jude Catholic Church, the Roman Catholic Diocese of Dallas, and any agents of the church of any liability incurred due to aforementioned minor's use of real or personal property belonging to St. Jude Catholic Church, its agents, employees, or volunteers.

Signature of Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### PROMOTIONAL MATERIALS RELEASE FORM

I, \_\_\_\_\_, consent to the use by St. Jude Catholic Church

(NAME OF PARTICIPANT)

of any videotapes, photographs, slides, audiotapes, or any other video or audio reproduction in which I may appear. I understand that these materials are being used for promotion of youth ministry of St. Jude Catholic Church. Such promotional activities extend to recruitment, advocacy, fund raising, etc. Pictures may appear on the St. Jude website, and/or bulletin boards located at St. Jude property.

I release the staff and volunteers of St. Jude Catholic Church from any liability connected with the use of my picture or voice recording as part of any of the above or similar activities.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

*(If participant is younger than 18 years of age)*