

# 2010-2011 St. Thomas More Youth Ministry Consent Form & Medical Release

STUDENT NAME \_\_\_\_\_ SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_

FULL ADDRESS \_\_\_\_\_

I, *(name of parent or legal guardian)* \_\_\_\_\_, am the parent or legal guardian of *(name of child/participant)* \_\_\_\_\_. I hereby grant permission for my child/participant to fully participate in all activities or events that the St. Thomas More Youth Ministry sponsors or attends from now until June of 2011. I understand that all activities or events will take place under the guidance and supervision of a parish representative of St. Thomas More Catholic Church. In the event that travel is necessary for participation, I understand that my child/participant will be traveling to and from such activities or events in either a rented vehicle/bus or a personal vehicle driven by a chaperone. Authorization and permission is hereby given to furnish all necessary transportation, food, and lodging for my child/participant. I hereby warrant that to the best of my knowledge, my child/participant is in good health and/or I have listed in detail on the accompanying medical information form, any known allergies and/or any physical limitations my child/participant may have. In the event of an emergency, I hereby give permission to transport my child/participant to a hospital and hereby authorize medical treatment, including, but not limited to, emergency surgery, and I, notwithstanding any question of liability involved in this emergency, fully and completely, assume responsibility for all medical bills. In the event of an emergency, if you are unable to reach me at the listed telephone numbers, I authorize you to contact the listed emergency contact. Should it be necessary for my child/participant to return home due to medical reasons, disciplinary action, or otherwise, I assume all responsibility and transportation costs. I hereby agree to indemnify and hold the Diocese of Baton Rouge and St. Thomas More Catholic Church, and their respective members, directors, employees, and agents (collectively, the "Indemnitees"), harmless from and against any and all claims, demands, actions, lawsuits and liabilities, including attorney's fees and expenses sustained by the Indemnitees as the result of the negligent, willful, or intentional acts of my child/participant.

Parent/Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

## CONTACT INFORMATION

	<b>Father</b> (or Legal Guardian)	<b>Mother</b> (or Legal Guardian)
Name	_____	_____
Home Phone	_____	_____
Work Phone	_____	_____
Cell Phone	_____	_____
E-Mail	_____	_____

Are you officially registered as a STM parishioner? **YES** or **NO**

## MEDICAL INFORMATION

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Insurance Name \_\_\_\_\_ Insurance Group/Policy Number \_\_\_\_\_  
Allergies \_\_\_\_\_  
Is child on any medication at this time? If so, please list: \_\_\_\_\_  
Is there anything we should know about your child? (Physical, emotional, social)? \_\_\_\_\_  
Is STM allowed to administer over the counter medications in proper dosages? **YES** or **NO**

## EMERGENCY CONTACT INFORMATION *(Other than parents)*

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ CELL \_\_\_\_\_ OFFICE \_\_\_\_\_