

**St. John Nepomucene – FALL 2011-Spring 2012 LIFETEEN PERMISSION SLIP/EMERGENCY RELEASE FORM (Please Completely Answer ALL Questions)**

*Please Print as Clear as Possible.*

Youth's Name: \_\_\_\_\_ School/Grade: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ M / F (circle one)  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Parent(s) / Guardian(s) Name(s): \_\_\_\_\_  
Home #: (\_\_\_\_\_) \_\_\_\_\_ Work #: (\_\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_\_) \_\_\_\_\_  
Physician's Name: \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_  
Insurance Company: \_\_\_\_\_  
Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_  
Pertinent Medical Information (including drug allergies, chronic conditions, current medications, etc.):  
\_\_\_\_\_  
\_\_\_\_\_

**PERMISSION TO TRAVEL AND PARTICIPATE**

I / We \_\_\_\_\_, the parent(s) / guardian(s) of \_\_\_\_\_, a minor, do hereby give him/her permission to travel with the youth group of St. John Nepomucene Catholic Church and to participate in all youth activities and functions. I / We understand that my/our child may be traveling via church/public transportation (example: bus, car, boat, van, plane), and hereby recognize the inherent risk associated with the forms of travel.

**Signature of Parent / Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**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 the following "over-the-counter" medications as needed for minor aches and pains, under the supervision of church personnel.

*(Circle all that apply):*  
Imodium    Antacid    Dramamine    Benadryl    Sudafed    Tylenol (Acetaminophen)  
Advil (Ibuprofen)    Triaminic Cough Syrup    Midol    Other \_\_\_\_\_

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

**AUTHORIZATION OF CONSENT TO TREAT MINOR**

I / We \_\_\_\_\_, the parent(s) / guardian(s) of \_\_\_\_\_, a minor, do hereby authorize St. John Nepomucene 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 execution of this form, unless sooner revoked in writing and delivered to St. John Nepomucene Catholic Church.

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

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

**INDEMNITY AND RELEASE OF LIABILITY**

I / We \_\_\_\_\_, the parent(s) / guardian(s) of \_\_\_\_\_, a minor, agree to *indemnify, defend, release, and save and hold harmless* St. John Nepomucene Catholic Church and the Roman Catholic Diocese of Dallas, as well as their employees, volunteers, agents, officers and directors, from any claim, action, liability, or expense that may arise from my/our child's participation in youth events, including but not limited to, those arising out of any medical treatment of my/our child, any travel to and from youth events, and any use of real or personal property belonging to St. John Nepomucene Catholic Church or the Roman Catholic Diocese of Dallas, *regardless of whether the claim, action, liability, or expense arises from any act, omission, or negligence, whether active or passive, or sole or concurrent, of St. John Nepomucene Catholic Church, the Roman Catholic Diocese of Dallas, or any of their employees, volunteers, agents, officers or directors.*

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

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