

**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT
AND RELEASE OF ALL CLAIMS**

**For Youth & Adults
To be completed by parent/guardian of minor, or by adult.**

Name _____ Birthdate ____ / ____ / ____ Sex ____ Age ____
Last First Init.

Father/Guardian _____ Phone _____

Employer Name _____ Employer Phone _____

Mother/Guardian _____ Phone _____

Employer Name _____ Employer Phone _____

Home Address _____

If not available in an emergency, please notify:

Name _____ Phone _____ Relationship _____

I give my consent for the administration of any emergency treatment deemed necessary by a registered nurse, EMT, licensed physician or dentist; and the transfer of the minor to any hospital reasonably accessible when medically necessary. This authorization does not cover major surgery unless the medical opinion of two other licensed physicians concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

Family Physician _____ Phone _____

Dentist/Orthodontist _____ Phone _____

Do you carry medical/hospital insurance? Yes ____ No ____ If yes, please indicate:

Company _____ Policy/Group # _____

Food/Drug Allergies _____

Specific Needs in Regards to Food _____

Operations (what/when) _____

Disability/Chronic Illness _____

Is youth or adult taking medication prescribed by a physician now? Yes ____ No ____

If so, please list all medications prescribed, the size of dose, and when it is to be taken. ALL MEDICATION MUST BE GIVEN TO THE TRIP LEADER AND WILL BE DISPENSED ACCORDING TO DIRECTIONS.

RELEASE OF ALL CLAIMS

In consideration of the permission granted to the above named by _____ (parish) to participate in _____ (event), I hereby release the Bishop of the Diocese of Baker, the Diocese, _____ (parish), its agents and employees from all action, causes of actions, or damages claims, demands which I, my heirs, executors, administrators, or assigns may have against the Diocese of Baker and other above described parties, for all personal injuries or to other claims for relief known or unknown which said child or ward has or may incur by participating in the above described activity/event and which would normally occur as an assumed risk of participating in said activity or activities. I agree to compensate the parish, its officers, directors and agents and the Diocese of Baker, its employees and agents and chaperons, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/diocese. I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

In witness whereof, I have executed this release on the _____ Day of _____, 20 ____

ADULT/PARENT/GUARDIAN'S SIGNATURE _____ DATE _____

