

St. Jude PERMISSION & RELEASE FORM
THIS FORM EXPIRES: MAY 31, 2019

(Office Use Only)

Date Recv: _____

Youth FULL Name: _____ DOB: ____/____/____
(first) (middle init.) (last)

M / F Today's Date: ____/____/____ Grade: _____ School Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Please list custodial parent as Parent #1

Parent / Guardian #1: _____ Cell #: (____) _____

Home #: (____) _____ Work #: (____) _____

Parent / Guardian #2: _____ Cell #: (____) _____

Home #: (____) _____ Work #: (____) _____

MEDICAL INFORMATION

Physician's Name: _____ Phone: (____) _____

Insurance Company: _____ Phone: (____) _____

Group / Policy #: _____ Name of Insured: _____

IMPORTANT MEDICAL CONDITIONS ABOUT MY CHILD: (list any drug allergies, injuries, chronic conditions, current medications, etc.. PLEASE BE SPECIFIC in this section:

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:** _____

 **PLEASE COMPLETE BOTH SIDES OF THIS FORM!** 

(THIS FORM EXPIRES: MAY 31, 2019)

AUTHORIZATION OF CONSENT TO TREAT MINOR

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.

Signature of Parent / Guardian: _____ **Date:** _____

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, it's 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:** _____

PERMISSION TO TRAVEL / 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:** _____

 **PLEASE COMPLETE BOTH SIDES OF THIS FORM!** 