

Catholic Archdiocese of Atlanta
St. John Neumann

PARENTAL CONSENT AND EMERGENCY MEDICAL RELEASE FORM

Summer Retreat Day
Friday, June 8, 2018 Ft. Yargo StatePark

I/We, the parent(s)/guardian(s) of _____ do hereby give my/our permission and approval for my/our son/daughter/guardianship to participate on the *EDGE Summer Retreat Day* on *Friday, June 8th, 2018*, with the *St. John Neumann EDGE Group*.

I/ We do hereby, for myself, my heirs, executors, and administrators, waive, release, absolve, indemnify and agree to hold harmless any and all adults who chaperone this event, other participants, *St. John Neumann*, the Catholic Archdiocese of Atlanta, *EDGE Summer Retreat Day*, and any of the above named parties' representatives, successors, supervisors, sponsors, and/or organizers, for any injuries in connection with the outing / event(s) named above provided that said injuries are not the result of negligence. I/We hereby grant permission for publication of group (two or more persons) photos taken at youth events.

I/We also give permission to seek any emergency care should my child be involved in any accident or be injured in any way during such events named above. I/We understand that in any such instance, all attempts will be made to contact the parent/guardian. In the event that I/we cannot be contacted, I/we hereby give permission to the attending physician to hospitalize, secure treatment for, and to order injection, anesthesia, and/or surgery for my child, as named herein.

I also agree that I am legally responsible for all/any personal actions taken by my child/guardianship during this event, and agree to be financially responsible for any/all damages, legal fees, and other costs incurred as a result of the actions/behavior of my child/guardianship.

Furthermore, I/we agree that if the above named student's behavior is inappropriate, unsafe and/or detrimental to the group, I will be contacted immediately to secure means of removing my child/guardianship from the event premises. I understand that any financial costs incurred as a result of my child/guardianship being sent home are my responsibility.

Name of Student: _____ Date of Birth: _____

Address: _____

Cell phone #: _____ T shirt Size: YL YXL AS AM AL AXL

Please list any special considerations we need to be aware of (ie: allergies, medical conditions, limitations, etc...)

Medications: My child is taking the following medication(s):

Description _____ Dosage _____

Description _____ Dosage _____

PARENT HELP: I can drive TO FROM BOTH WAYS to Fort Yargo State Park in Winder. I have _____ # of seat/seatbelts for middle schoolers.

Requested information on both sides of this form MUST be filled in completely in order for the student to participate in this event

Father/Guardian's full name: _____
Phone #: _____ **Cell #** _____
Home address: _____
Place of business/address: _____

Mother/Guardian's full name: _____
Phone #: _____ **Cell #** _____
Home address: _____
Place of business/address: _____

Relative or friend to contact if unable to reach parent/guardian in the event of emergency:
Name & Relationship: _____
Phone #: _____

Insurance Carrier: _____
Insurance Policy Number: _____
Insurance is provided by which parent and/or place of employment? _____
Address and Phone Number of Company: _____

Please photocopy insurance card that is to be used and attach it to this form

Parent/Guardian signature: _____ **Date:** _____

Printed Name: _____ **Relationship:** _____

Name of Parish: _____ **Name of Youth Minister:** _____

In signing this form, I certify that all information contained herein is true and accurate to the best of my knowledge.

Participant's Signature: _____ **Date:** _____

In signing the above line, I agree to abide by any / all policies and rules established for this event / activity. Should I not be able to maintain the guidelines and expectations of the adults and my peers, I understand that there will be consequences for my actions, including being removed from the activity and being sent home at my parent's expense.

Basic rules / expectations include, but are not limited to, the following: Respect for all adult leaders, peers, and all property; NO illegal drugs, alcohol, underage smoking, firearms, explosives, or other illegal substances; Males and females are to remain in separate sleeping spaces at all times; No inappropriate physical / sexual activity; Appropriate attire is to be worn at all times. Other guidelines may be set forth accordingly by adult chaperones present for the event(s).