

**DIAN CONSENT AND EMERGENCY MEDICAL RELEASE FORM**

Parent: **Thomas Ed, EDGE, Life Teen 2018-2019**

**Holy Name of Jesus Campus**

Supervisor of Activity: **La Elssesser, Aaron Slayback, Adult Catechists**

Expected Time of Departure: N/A

Return:

Cost to Youth: N/A  
N/A

Method of Transportation:

Grade: \_\_\_\_\_ Gender: **Male or Female**

Parent's Name: \_\_\_\_\_

Work phone: \_\_\_\_\_

**DISCLOSURE**

Information pertaining to allergies, diet, special medications, health conditions, and other information necessary in an emergency situation. Explain fully:

My child is taking the following medication(s):

Dosage \_\_\_\_\_

Dosage \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_

Policyholder: \_\_\_\_\_

Participant: \_\_\_\_\_

Group Number: \_\_\_\_\_

If you would like your youth to participate in this event, please sign and return this statement of consent and release of liability. As parent or legal guardian, you remain responsible for any legal responsibility which may result from any personal actions taken during the event.

I hereby consent to participation by my youth \_\_\_\_\_ in the event described above. I understand that this event will take place away from the grounds and that my youth will be under the supervision of the designated supervisors. I further consent to the conditions stated above on participation in this event by the method of transportation.

In consideration for the opportunity for my child to participate, and fully recognizing that undertaking involves an element of risk, we assume all risks and hazards inherent in participation and do hereby release, absolve, indemnify and agree to hold harmless the Diocese of Pensacola-Tallahassee and Holy Name of Jesus Parish, and their employees, agents, other persons acting on their behalf. Neither the Diocese of Pensacola-Tallahassee nor Jesus Parish, nor said agents, employees, or volunteers, shall be held financially responsible for any injury, illness or death incurred as a direct or indirect result of this activity. We have read this release and understand all its terms and execute it voluntarily and with full knowledge of its significance.

**EMERGENCY MEDICAL TREATMENT:** In the event of an emergency, I/We authorize the Diocese of Pensacola-Tallahassee, and Holy Name of Jesus Parish, through their representatives, to transport my child to a hospital or other doctor's office or to an emergency medical attention. I/We additionally authorize such representatives or School to obtain and give consent to whatever medical treatment the representative may deem necessary, including the administering of anesthetic and surgery, and do hereby release and Holy Name of Jesus Parish, and their authorized representatives from any and all claims that may arise from the above-referenced obtaining and consenting to medical treatment. I/we understand that this release is irrevocable and that I/we have been advised, if possible, prior to the providing of any non-emergency medical services by a physician or hospital. If I/we are unable to be reached, please contact the following:

**Emergency contact & relation to participant** \_\_\_\_\_

**Address and Phone Number** \_\_\_\_\_

**Media Release**

I/we hereby give permission for the Diocese of Pensacola-Tallahassee and its authorized representatives, including, but not limited to The Catholic Compass, to use the name and/or his/her photograph for promotional, news, or public relations purposes in print, electronic, or other media.

I/we do not give permission for the Diocese of Pensacola-Tallahassee and its authorized representatives, including, but not limited to The Catholic Compass, to use my name and/or his/her photograph for promotional, news, or public relations purposes in print, electronic, or other media.

**Print Parent/Guardian Name** \_\_\_\_\_

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

**This form must be with the head chaperrone at all diocesan and parochial events.**



# Parent or Guardian Permission for Direct Contact with Minors

This form allows you to identify who may communicate with your minor children and by what means. Parents and guardians may choose to be included in all written or text-based communications except those that occur on an official social networking site or online community administered and maintained by the ministry, parish, or school pursuant to the terms of diocesan policy and approved by parents or guardians on this form.

### Diocesan Ministry, Organization, Parish or School

(This section must be completed by diocesan ministry, organization, parish or school.)

### Holy Name of Jesus Catholic Church communicates via:

Cellular number 334-718-0652

E-mail address: pelsesser@holynamechurch.org aslayback@hoynnamechurch.org

Social networking site(s) facebook: hnjyouth Instagram: hnj\_ym Twitter: hnj\_ym

### Parent or Guardian Complete this section:

Name (parent/guardian) \_\_\_\_\_

Of minor Child \_\_\_\_\_

You MAY NOT contact my child directly. (Sign and return).

You MAY contact my child directly. (Sign, complete all sections and return).

### Contact with my child is permissible via the following methods:

Phone call / voice message to this telephone number \_\_\_\_\_

SMS / text message to this telephone number \_\_\_\_\_

Social networking site sponsored by group named \_\_\_\_\_

E-mail at this address \_\_\_\_\_