

2009/10 River Road Youth Group Consent Form & Medical Release

I, (name of parent or legal guardian) _____, am the parent or legal guardian of (name of child/participant) _____. I hereby grant permission for my child/participant to fully participate in all activities or events that the River Road Youth Group sponsors or attends from now until August of 2010. I understand that all activities or events will take place under the guidance and supervision of a parish representative of The Catholic Church of East St. James. In the event that travel is necessary for participation, I understand that my child/participant will be traveling to and from such activities or events in either a rented vehicle/bus or a personal vehicle driven by a chaperone. Authorization and permission is hereby given to furnish all necessary transportation, food, and lodging for my child/participant. I hereby warrant that to the best of my knowledge, my child/participant is in good health and/or I have listed in detail on the accompanying medical information form, any known allergies and/or any physical limitations my child/participant may have. In the event of an emergency, I hereby give permission to transport my child/participant to a hospital and hereby authorize medical treatment, including, but not limited to, emergency surgery, and I, notwithstanding any question of liability involved in this emergency, fully and completely, assume responsibility for all medical bills. In the event of an emergency, if you are unable to reach me at the listed telephone numbers, I authorize you to contact the listed emergency contact. Should it be necessary for my child/participant to return home due to medical reasons, disciplinary action, or otherwise, I assume all responsibility and transportation costs.

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend The Catholic Church of East St. James, its officers, directors, employees, and agents, and the Diocese of Baton Rouge, its employees and agents, chaperones, or representatives associated with the event (collectively, the "Indemnitees"), from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the Indemnities for reasonable attorney's fees and expenses which they 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.

Parent/Legal Guardian's Signature _____ **Date** _____

CONTACT INFORMATION

	Participant	Father (or Legal Guardian)		Mother (or Legal Guardian)
Name	_____	_____		_____
Home Phone	_____	_____		_____
Work Phone	_____	_____		_____
Cell Phone	_____	_____		_____
E-Mail	_____	_____		_____
Parent(s) Occupation	_____	_____		_____
School _____		Address _____		
Grade _____	Birth Date ___/___/___	City _____	State _____	Zip _____
T-Shirt Size _____	Male / Female			

MEDICAL INFORMATION

Family Physician _____ Phone _____

Insurance Name _____ Insurance Group/Policy Number _____

Allergies or Physical Limitations _____

Current Medications (frequency & dosage) _____

Yes ___ No ___ Is the RRYG Chaperon allowed to administer over the counter medications in proper dosages?

Date of last tetanus/diphtheria immunization: _____

EMERGENCY CONTACT INFORMATION (Other than Parent/guardian)

Emergency Contact 1: _____ Phone: _____ Relation: _____

Emergency Contact 2: _____ Phone: _____ Relation: _____