

Name of Activity LIFE TEEN Emergency Information

Location St Brendan

Dates of Activity 2010-2011 school year

***See emergency information on LIFE TEEN emergency information and permission slip as information has **not** changed. _____ (Initials)

Please check the appropriate box:

- My son/daughter will meet you at the activity
- My son/daughter will ride with an adult core member in a car or bus.

**Columbus Diocesan Office of Youth and Young Adult Ministry
Permission Form and Emergency Information**

Please print clearly; return with appropriate payment to your adult leader. All incomplete forms will be returned to adult leaders.

Name of Participant _____

Address _____

City _____ State _____ Zip Code _____

Phone (_____) _____

E-Mail _____

Parish _____

School _____

Date of Birth _____ Male Female Grade _____

EMERGENCY CONTACT INFORMATION

Parent or Guardian _____

Address _____

Phone(s) _____

Chronic Conditions (e.g. Allergies, Epilepsy, Diabetes) _____

Medications _____

Medical Insurance _____ Policy Number _____

Address _____ Phone _____

Member's Name _____ Phone _____

Family Doctor _____

RELEASE AND INDEMNIFICATION AGREEMENT

- A. As the above-named participant, I hereby register of rand commit to attend (the "activity"). I further agree to the terms of the Release and Indemnification Agreement, and I agree to comply with the Code of Behavior set forth below.
- B. As a parent or guardian of the above-named participant, I give my permission for my child or ward to register for and attend the activity.
- C. The undersigned release from all liability, and indemnify and hold harmless **St. Brendan parish/school, the Diocese of Columbus** and any employee, agent or representative thereof from any and all liability, actions, causes of actions, claims, judgments, costs or expenses, arising out of or in any way related to injury, illness or loss incurred by the participant while participating in or traveling to or from this activity.

CODE OF BEHAVIOR

- 1. Participants must stay and participate in the entire event. Participants may not leave the premises unless accompanied by an adult leader, parent, or legal guardian.
- 2. The possession or use of alcohol, tobacco, drugs, or weapons of any kind is not permitted.
- 3. Foul language is not tolerated.
- 4. Participants must heed any and all directions of activity staff.
- 5. Participants must respect the rights and property of others. Damage to or defacing of property will be the financial responsibility of the participants involved and the participant's parents/legal guardians.
- 6. Failure to abide by this Code of Behavior my result in a request to parents/legal guardians, to transport offending participants from the premises, and the parents/legal guardians shall immediately comply with the request.

I HAVE READ AND UNDERSTAND ALL CONTAINED IN THIS AGREEMENT FRONT AND BACK OF PAPER

I have also read the Diocesan Harassment policy at www.stbrendans.net under the LIFE TEEN link.

Participant's Signature _____ Date _____

Parent/Legal Guardian Signature _____ Date _____

CONSENT FOR EMERGENCY TREATMENT

At the time of an emergency, in the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for any treatment deemed necessary by the preferred listed doctor or dentist, or in the event the listed doctor/dentist is not available, by another licensed physician or dentist. I also agree to the transfer of my child(ren) to any reasonably accessible hospital where further consent will be obtained before treatment.

Preferred Doctor: _____ Phone _____

Preferred Dentist: _____ Phone _____

Parent /Guardian Signature: _____ Date: _____



NON-CONSENT FOR EMERGENCY TREATMENT

I do not give my consent for emergency medical treatment of my child(ren). In the event of illness/injury, I wish St. Brendan to take the following actions:

Parent /Guardian Signature: _____ Date: _____