

Catholic Archdiocese of Atlanta  
*Our Lady of Mercy Catholic High School*

**PARENTAL CONSENT AND EMERGENCY MEDICAL RELEASE FORM**

*Freshmen Class Retreat*  
*Friday, September 13<sup>th</sup>, 2013 at the Calvin Center in Hampton, GA*

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 ***Freshmen Class Retreat on September 13<sup>th</sup>*** with **Our Lady of Mercy Catholic High School**.

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, *Our Lady of Mercy*, or the Catholic Archdiocese of Atlanta, Freshmen Class Retreat at the Calvin Center, 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:** \_\_\_\_\_

**Home phone #:** \_\_\_\_\_

**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 \_\_\_\_\_

(EITHER A PHYSICIAN'S PRESCRIPTION OR PARENT NOTE MUST ACCOMPANY ALL MEDICATIONS, PRESCRIPTION / NOTE SHOULD BE ATTACHED TO THIS FORM.)

\_\_\_\_\_ By parent or guardian initialing here, permission is granted for non-prescription medications to be given, if deemed appropriate by adult chaperone(s).

**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:** \_\_\_\_\_

**Parent/Guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Printed Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

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).