

Family Name _____

Date Form Completed _____

CPLC/St Marks BOOT CAMP PERMISSION SLIP/EMERGENCY RELEASE FORM

Youth's Name: _____ Grade _____ DOB _____

Male/Female _____ Address _____ City _____ St/Zip _____

School _____ Parent (s)/Guardian Name _____

Home Phone _____ Work Phone _____ Other _____

Youth email: _____ Parent email: _____

Physician's Name _____ Phone _____

Insurance Company _____ Please include copy of insurance card (front & back)

Policy # _____ Group # _____ Phone # _____

Pertinent Medical Information (including drug allergies, chronic conditions, current medications, other)

IN CASE OF EMERGENCY, PLEASE CONTACT ONE OF THE FOLLOWING PERSONS:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

PERMISSION TO TRAVEL AND PARTICIPATE / LIABILITY RELEASE:

I/We, _____ the parent (s)/guardians of _____, a minor, do hereby give him/her permission to travel with the youth group of Catholic Pro-Life Community on North Texas, Inc.(CPLC) and St Marks the Evangelist Catholic Church (St. Marks) and to participate in all youth activities and functions. We understand that our child may be traveling via public or private transportation (for example: car, bus, boat, van, plane). We hereby recognize the inherent risk associated with the various youth activities and forms of travel, and agree to save and hold harmless CPLC and St. Marks and their employees, volunteers, and agents from any liability or expense that may arise from my child's participation in youth events and any travel related incidents going to and from such event.

**Parent
Initials**

PERMISSION TO DISPENSE OVER THE COUNTER MEDS AND FIRST AID:

I/We, _____ the parent (s)/guardians of _____, a minor, do hereby give my son/daughter permission to take the following "over the counter" medications as needed for minor aches and pains, under the supervision of church personnel.

Circle any and all that apply

- Immodium --Antacid --Dramamine --Benadryl --Sudafed --Acetaminophen (Tylenol)
- Ibuprofen --Advil --Triaminic Cough Syrup --Midol --Other _____

**Parent
Initials**

AUTHORIZATION OF CONSENT TO TREAT MINOR:

I/We, _____ the parent (s)/guardians of _____, a minor, do hereby authorize CPLC youth ministry leaders, servants, employees, officers and adult volunteers as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any physician or surgeon licensed under the provision of the Medical Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital.

It is understood that this authorization is given in advance of any specific treatment or diagnosis, but is given to provide authority and power of treatment, or hospital care which the aforementioned physician in the exercise of best judgment may deem advisable.

This authorization is given pursuant to the provisions of Chapter 32 of the Texas Family Code. This authorization shall remain effective for up to one year from the date of completion of this form, unless sooner revoked in writing delivered to said agent(s).

**Parent
Initials**

Release of Liability:

_____ (Parent's name) shall indemnify, hold free and harmless, assume liability for, and defend the St. Marks, CPLC and the Diocese of Dallas and their respective agents, servants, employees, officers, and directors from any and all costs and expenses including but not limited to, medical fees, attorney's fees, discovery costs, court costs, and all other sums associated with any claim or action founded thereon, including those arising or alleged to have arisen out of treatment of aforementioned minor. We also release the St Marks, CPLC and the Diocese of Dallas and their respective agents, servants, employees, officers, and directors of any liability incurred due to minor's use of real or personal property belonging to St. Marks and the CPLC, their respective agents, employees, or volunteers.

**Parent
Initials**

Media Release:

We also release for ourselves (and or children) all rights and claims to all photographic images and video or audio recordings of ourselves or our children.

**Parent
Initials**

Social Media Release

I give permission for youth ministry leaders to communicate with my son/daughter using texting, Facebook, email, and other social media. I understand that I may request access to the social media sites, texting and any other electronic communication at any time.

**Parent
Initials**

Parent/Legal Guardian's Signature

Parent/Legal Guardian's Printed Name

SUBSCRIBED AND SWORN TO BEFORE ME, this _____ day of _____, 20__.

Notary Public