

Emergency/Publicity Release Form

**Student Name(s)**

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Parent’s Name

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

**IN CASE OF AN EMERGENCY, I CAN BE REACHED AT: Phone Number:**

**Relative/neighbor: Phone:**

**Physician: Dentist: Preferred Hospital:**

**Please list all medications currently taken:**

**Please list any allergies to medications or any other allergies:**

My son/daughter will be participating in Saint John XXIII youth ministry events during the 2016-2017 school year. I hereby release, forever discharge and agree to hold Saint John XXIII , the Diocese of Toledo, the Bishop, employees and the CORE team harmless from and against any and all liability, claims, demands, lawsuits and expenses arising from personal injury, sickness, death, or property damage of any nature whatsoever which may be incurred or suffered by me the undersigned and/or the participant while attending or traveling to and from the Parish Life Center.

I understand that by my child’s participation in Parish/ Diocesan events and activities his/her picture could be taken and used in press releases, brochures, video, DVD, websites, etc. for publicity use only. This authorization will remain in effect forever. I understand that I have the right to revoke this authorization at anytime by submitting a written request.

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the named doctor, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

If my child has any prescription medication, or allergies to medications, I have listed them below. I also hereby give my permission to the physician selected by the attending hospital to secure proper treatment for and to order injection, anesthesia or surgery for my son/daughter in the event I cannot be reached in an emergency.

Parent/Guardian Signature Date