

PARENTAL EMERGENCY INFORMATION AND CONSENT

Emergency Contact Information: Relative or friend to contact ***if unable to reach parent/guardian:***

Name and Relationship to you: (please print legibly)

Phone #'s Cell: _____ Home: _____

I hereby authorize St. John Vianney Catholic Parish Faith Formation to allow my child to arrive and leave the church grounds with:

Name: _____ Relationship: _____

Cell phone #: _____ Home phone #: _____

Name: _____ Relationship: _____

Cell phone #: _____ Home phone #: _____

I/we, the parent(s)/guardian(s) of _____ do hereby give my/our permission and approval for my/our son/daughter/guardianship to participate in the Faith Formation program during the 2018—2019 school year, with St. John Vianney Catholic Church.

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 parish, the Catholic Diocese of Austin, and any of the above names parties' representatives, successors, supervisors, sponsors, and/or organizers, for any injuries in connection with the outing/events named above, provided that said injuries are not the result of gross, willful negligence.

I/we likewise release from liability any person(s), airline, bus company, or other transportation service, transporting my child, in a privately owned and/or leased vehicle, to and from any activities connected with the above named event(s), with the exception of gross negligence due either fully, or in part, to mechanical failure and/or operator error.

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 deemed medically necessary. Unless otherwise instructed, it is permissible that my/our son/daughter/guardianship be given aspirin/pain medication/cold medicine by either medical personnel or other adults responsible during this event.

I/we also agree that I/we am legally responsible for all/any personal actions taken by my/our 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/we will be contacted immediately to secure means of removing my/our child/guardianship from the event premises. I/we understand that any financial costs incurred as a result of my/our child/guardianship being sent home are my/our responsibility.

I/we will give our consent for our child/guardianship to be moved to alternate rooms on the St. John Vianney Parish campus in the course of their Faith Formation instruction.

I authorize the staff, catechists and Faith Formation volunteers to effect such changes of location as required. Additionally, I/we give permission for my/our son/daughter/guardianship to be photographed during activities associated with the above mentioned event. I/we understand that said photos/videos may be used for future publicity within the parish, Diocese, and our Catholic Church.

I understand that parish employees are not authorized to give **any** medications to my/our son/daughter/guardianship.

In signing this form, I certify that all information contained herein is true and accurate to the best of my knowledge.

Parent/Guardian signature: _____ Relationship to child: _____

Printed Name: _____ Policy #: _____

Insurance Provider: _____ Group #: _____

Any special considerations to be aware of (ie: allergies, medical conditions, medications child takes, bee stings, etc.....)