

Emergency Medical Information and Release

Participant: _____ (name)

Parents: _____ (names),
for themselves, heirs, executors, and administrators.

Activity or Event: _____

Parish/School: _____, located in

(city and state/province), including its
faculty, employees, contractors, clergy, agents, facilitators, and volunteers

Ordinariate: The Personal Ordinariate of the Chair of St. Peter, a Texas non-profit corporation, including its employees, contractors, clergy, agents, facilitators, and volunteers.

- A. The undersigned represent that they are the parents or legal guardians of *Participant* and have full authority under law to sign this document.
- B. *Parents* grant their permission for *Participant* to enroll and participate in the activity or event.
- C. *Parents* acknowledge and agree that:
- (1) *Participant* and *Parents* voluntarily seek to participate in the activity or event;
 - (2) the activity or event may involve physical activity that involves risk of injury;
 - (3) *Participant* and *Parents* will abide by all policies and rules established for the activity or event and instructions of those persons facilitating, organizing, or overseeing the activity or event;
 - (4) *Parents* and *Participant* are responsible for *Participant's* conduct during the activity or event and are responsible for any damages, claims, or other costs caused by *Participant* or incurred as a result *Participant's* conduct; and
 - (5) if *Participant's* conduct is inappropriate, unsafe, or detrimental to the activity or event, or to other participants or persons, the *Parish/School*, or the *Ordinariate*, may suspend or expel *Participant* from the activity or event and future events.
- D. Unless this paragraph is struck and initialed by the undersigned, *Parents* authorize the *Parish/School* and the *Ordinariate* to provide over-the-counter aspirin, pain relievers, cold medicine, and other over-the-counter medications to *Participant* at *Participant's* request if the *Parish/School* or *Ordinariate* deem it reasonable to do so. The *Parish/School* will make reasonable attempts to notify *Parents* prior to authorizing any such over-the-counter medication.**
- E. In the event of an emergency or a situation that is reasonably considered to be an emergency, *Parents* authorize the *Parish/School* and the *Ordinariate* to seek and authorize emergency medical care to be given to *Participant* (for example, first aid, medication, anesthesia, or surgery). The *Parish/School* will make reasonable attempts to notify *Parents* prior to authorizing any such emergency care.
- F. *Parents* grant *Parish/School* and the *Ordinariate* permission:
- (1) to photograph and video tape *Participant* during the activity or event; and
 - (2) to use the photographs and video tapes in publications and promotions of the *Parish/School* and the *Ordinariate*, including but not limited to publications such as websites, newsletters, advertisements, scrapbooks, and yearbooks.

G. To the extent permitted by law, *Parents*, for themselves and for *Participant*, release and agree to indemnify and hold harmless the *Parish/School*, and the *Ordinariate*, from any and all liability, claims, demands, and costs which may arise as a result of *Participant's* participation in the activity or event or which is, in any way, related to such participation. This paragraph covers loss under any theory of loss (negligence or otherwise) including but not limited to personal injury or property damage. *Parents* and *Participant* assume all risk of injury or loss to themselves or their property.

Parent/Guardian signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____

Participant signature: _____ Date: _____

Please provide the following information.

EMERGENCY CONTACT AND INSURANCE INFORMATION

In the event of an emergency contact: _____

Phone: _____

Alternatively, contact: _____

Phone: _____

Participant's Insurance Carrier: _____

Phone: _____

Address: _____

Copy of insurance card must be attached.

Participant has the following conditions (allergies, medical conditions, etc.): _____

NOTICE to those with FOOD ALLERGIES and OTHER ALLERGIES: Neither the parish, school, or the Ordinariate represents or gives any assurance that the facilities, or the food offered at the facilities, will not trigger food or other allergies. All students, parents, and guardians assume full responsibility for independently determining that the facilities and food will or will not trigger such allergies.

Participant is currently taking the following medication(s): _____

Attach copies of prescription and any instructions related to the medication, including the amount and timing of dosages.

Special instructions or other information: _____



The PERSONAL ORDINARIATE
of the CHAIR OF SAINT PETER