

**YOUTH MINISTRY
CONSENT TO MEDICAL TREATMENT, RELEASE AND INDEMNITY**

Parish: _____ (the "Parish")

Youth/Young Adult Organization: _____ (the "Parish Organization")

Dates of the event or trip: _____.

Participant's Name: _____

Primary Doctor: _____ Phone: _____

MEDICATION: Participant will use the following medication:

Name of Medication: _____

Nature of Medication: _____

Prescribing Physician: _____ Phone: _____

**** For participants under 18 or in high school, all medication must be presented to the designated chaperone, before departure, in its original container, labeled with the participant's name and dosage information. If participant MUST have medication with him or her at all times, indicate the specific reason:** _____

MEDICAL CONDITIONS: Identify any medical condition(s) the Participant has:

ALLERGIES:

To medicines: _____

Other: _____

INSURANCE:

Insurance Carrier: _____ Plan: _____ Policy #: _____

**** If you need additional space to complete any part of this form, please attach additional pages.**

Participant's Name: _____

Date of Birth: _____

PARENTAL CONSENT TO MEDICAL TREATMENT, RELEASE AND INDEMNITY

(For participants under 18 or in high school)

By reason of our son/daughter participating in youth activities with _____, including weekly youth group meetings and any group trips, we as parents/guardians of the participant named above hereby consent and give our permission for our child to be diagnosed, treated, and/or medicated in accordance with standard medical practice, by licensed medical personnel. We agree to accept any and all financial responsibility as a result of such treatment and the scheduling of such treatment.

We waive, release, and discharge any and all claims against the Parish, the Parish Organization, the Diocese of Camden, New Jersey, and their respective agents, servants, employees, officers, trustees, administrators and volunteers, for damages and/or injuries to us or to our child which may arise from such medical treatment.

In consideration of permission granted for our child to participate in this Activity, we agree to indemnify, hold harmless, protect and defend the Parish, the Parish Organization, the Diocese of Camden, New Jersey, and their respective agents, servants, employees, officers, trustees, administrators and volunteers, from and against any and all claims, losses, liabilities, damages, suits, fines, penalties, costs and expenses, including attorneys' fees, brought or incurred by or on behalf of our child or by or on behalf of any other person arising out of or in any way connected with such medical treatment.

WE HAVE READ THIS AGREEMENT CAREFULLY AND UNDERSTAND THAT IT AUTHORIZES MEDICAL TREATMENT FOR PARTICIPANT, RELEASES CLAIMS AGAINST THE PARTIES NAMED FOR INJURY TO PARTICIPANT OR DAMAGE TO PARTICIPANT'S PROPERTY CONNECTED WITH SUCH TREATMENT, AND THAT IT OBLIGATES US TO INDEMNIFY THE NAMED PARTIES FOR LIABILITY TO OTHERS ARISING OUT OF SUCH TREATMENT.

Parent/Guardian

Signatures: _____

Print Names: _____

Date: _____

PARTICIPANT'S CONSENT TO MEDICAL TREATMENT, RELEASE AND INDEMNITY

(For ALL participants 18 and over – whether or not in high school)

By reason of my participating in youth activities with _____. I hereby consent and give permission to be diagnosed, treated, and/or medicated in accordance with standard medical practice, by licensed medical personnel. I agree to accept any and all financial responsibility as a result of such treatment and the scheduling of such treatment.

I waive, release and discharge any and all claims against the Parish, the Parish Organization, the Diocese of Camden, New Jersey, and their respective agents, servants, employees, officers, trustees, administrators and volunteers, for damages and/or injuries to me which may arise from such medical treatment.

In consideration of permission granted for me to participate in this Activity, I agree to indemnify, hold harmless, protect and defend the Parish, the Parish Organization, the Diocese of Camden, New Jersey, and their respective agents, servants, employees, officers, trustees, administrators and volunteers, from and against any and all claims, losses, liabilities, damages, suits, fines, penalties, costs and expenses, including attorneys' fees, brought or incurred by or on behalf of any other person arising out of or in any way connected with such medical treatment.

I HAVE READ THIS AGREEMENT CAREFULLY AND UNDERSTAND THAT IT AUTHORIZES MEDICAL TREATMENT FOR ME, RELEASES CLAIMS AGAINST THE PARTIES NAMED FOR INJURY TO ME OR DAMAGE TO MY PROPERTY CONNECTED WITH SUCH TREATMENT, AND THAT IT OBLIGATES ME TO INDEMNIFY THE NAMED PARTIES FOR LIABILITY TO OTHERS ARISING OUT OF SUCH TREATMENT.

Participant's Signature: _____

Date: _____