

Roman Catholic Diocese of Albany

MEDICAL CONSENT, PERMISSION AND RELEASE FORM

I, _____, the parent/guardian of _____,
(Name of parent/guardian) (Name of youth)

Authorize the employees, representatives and chaperones of _____

Parish to obtain emergency medical treatment, should it be necessary, during my child's
attendance and participation in _____, on ____/____/____.
(Activity/Program)

I understand that I will be notified immediately should it become necessary to obtain
emergency treatment. The Insurance Company who should be notified and the telephone
number(s) are:

Insurance Carrier _____ Telephone # _____

ID # _____ Group # _____

I consent and give permission for my child's participation and attendance in this
activity/program. In consideration of my child's attendance and participation, I hereby, for
myself, my heirs, executors, administrators and assigns, waive and release any and all
claims of damages I may have against _____ Parish.
The Roman Catholic Diocese of Albany, New York, their representatives, chaperones,
employees, successors and assigns arising out of any and all injuries to my child while
participating in this activity/program.

Date ____/____/____ Signature _____

As a youth of _____ Parish, I understand and agree to follow the rules
and regulations as determined by the Parish, and the Diocese of Albany for this
activity/program. I also understand and agree that I will notify my parent or guardian at
the time of any violations requiring my dismissal from the program/activity and that I will
be sent home at my own and/or parent's/guardian's expense.

Parent/Guardian Signature _____ Date ____/____/____

Youth Participant Signature _____ Date ____/____/____