



YOUTH MEDICAL RELEASE & CONSENT FORM

St. Ambrose Catholic Church
4212 Mangum Rd.
Houston, TX 77092
713-686-5715

TO BE FILLED OUT FOR YOUTH UNDER THE AGE OF 18
AND/OR WHO HAVE NOT COMPLETED HIGH SCHOOL
PLEASE PRINT CLEARLY

Office use only	
Cash/Check #:	_____
Amount:	\$ _____
Balance due:	\$ _____
Received by:	_____

Event: _____ Date(s): _____
Time(s): _____ Location(s): _____

Event Fee
\$ _____

Participant's Name: _____ Date of Birth: ___/___/___ Age: ___ Gender: ___ Male ___ Female

Home Address: _____ City/State/Zip: _____

Participant's Phone: (____)____-____ Can You Receive Texts?: ___ Yes ___ No Grade: _____

Parent(s)/Gaurdian(s): _____ E-mail: _____

Used only to send event info.

Parent/Gaurdian Phone: (____)____-____ Can You Receive Texts?: ___ Yes ___ No

Emergency Contact : _____ Phone: (____)____-____ Relationship: _____

Other than parent or guardian, used in the event that the parent/guardian cannot be reached

Shirt Size (If Applicable, Circle one): Small Medium Large X-Large XX-Large XXX-Large

Does your child have allergy/dietary/physical restrictions?: _____

Does your child currently take any medications?

Please be sure the medications are well labeled with concise administering directions: _____

I hereby (mark one) GRANT DENY permission for nonprescription medication such as acetaminophen, throat lozenges, cough syrup, to be given to my child, if deemed advisable. I understand that Aspirin will not be given to my child.

I (mark one) DO DO NOT carry medical insurance for my child at this time.

Insurance Carrier: _____ Policy Holder: _____

Policy Number: _____

Doctor's Name: _____ Doctor's Number: (____)____-____

BY SIGNING BELOW, I GRANT PERMISSION FOR: MY CHILD TO PARTICIPATE IN THE EVENT LISTED ON THIS FORM, PHOTOGRAPHS TAKEN OF MY CHILD TO BE USED AS PROMOTIONAL MATERIALS (FLYERS, WEB PAGE, NEWSLETTERS, ETC.) I AGREE ON BEHALF OF MYSELF, MY CHILD'S OTHER PARENT IF KNOWN OR LIVING, MY CHILD NAMED HEREIN, OR OUR HEIRS, SUCCESSORS, AND ASSIGNS, TO HOLD HARMLESS AND DEFEND THE DIOCESE OF GALVESTON-HOUSTON, ST. AMBROSE CATHOLIC CHURCH (IT'S PASTOR, YOUTH MINISTER(S), OTHER AGENTS, ETC.) OR ANY REPRESENTATIVES ASSOCIATED WITH THE SCHEDULED ACTIVITY UNLESS THE PARTIES INVOLVED WERE CARELESS AND/OR NEGLIGENT. I HEREBY WARRANT TO THE BEST OF MY KNOWLEDGE, MY CHILD IS IN GOOD HEALTH, AND I ASSUME ALL RESPONSIBILITY FOR THE HEALTH OF MY CHILD. OF THE STATEMENTS PERTAINING MEDICAL MATTERS, MARK ONLY THOSE IN ACCORDANCE WITH YOUR WISHES. IN THE EVENT OF AN EMERGENCY, I HEREBY GIVE PERMISSION TO TRANSPORT MY CHILD TO A HOSPITAL FOR EMERGENCY MEDICAL OR SURGICAL TREATMENT. I WISH TO BE ADVISED PRIOR TO ANY FURTHER TREATMENT BY THE HOSPITAL OR DOCTOR. IN THE EVENT IT COMES TO THE ATTENTION OF THE CHAPERONES ASSOCIATED WITH THE ACTIVITY THAT MY CHILD BECOMES ILL WITH REPEATED SYMPTOMS SUCH AS HEADACHE, VOMITING, SORE THROAT, FEVER, DIARRHEA, I WANT TO BE CALLED IMMEDIATELY. IF THIS WILL BE A LONG DISTANCE CALL, I WANT TO BE CALLED COLLECT (WITH PHONE CHARGES REVERSED TO MYSELF.) I CERTIFY THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF PARENT/GUARDIAN

TODAY'S DATE

IN SIGNING THE LINE BELOW I AGREE TO ABIDE BY ANY/ALL POLICIES AND RULES ESTABLISHED FOR THIS EVENT/ACTIVITY. SHOULD I NOT BE ABLE TO MAINTAIN THE GUIDELINES AND EXPECTATIONS OF THE ADULTS AND MY PEERS, I UNDERSTAND THAT THERE WILL BE CONSEQUENCES FOR MY ACTIONS, INCLUDING BEING REMOVED FROM THE ACTIVITY AND BEING SENT HOME AT MY PARENT'S EXPENSE.

SIGNATURE OF PARTICIPANT

TODAY'S DATE