

MEDICAL CONSENT AND PERMISSION TO TREAT

My child is in the care of **ALLIANCE OF THE HOLY FAMILY INT'L/ALLIANCE OF THE TWO HEARTS OF GEORGIA** for the purpose of this youth ministry activity:

ADORE 2010

I am giving medical permission and consent to treat.

To the best of my knowledge, my child _____ is in good health, and I assume all responsibility for the health of my child.

In the event of an emergency, I give permission to transport my child to a hospital for emergency treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

Parent/ Guardian Name: _____

Home Address: _____

Home Phone: (____) ____-____ Business Phone: (____) ____-____

Cell Phone: (____) ____-____

If you are unable to reach me, contact:

Name: _____

Relationship to me or my son/daughter: _____

Home Phone: (____) ____-____ Business Phone: (____) ____-____

Cell Phone: (____) ____-____

Please include a photocopy of your Insurance Card, front and back.

Insurance Carrier: _____ Policy Number: _____

My son/daughter is taking medication and will bring all medication with him/her and it will be clearly labeled. My son/daughter is taking the following medication; the directions for taking this medication(s) including dosage, frequency and storage are as follows: _____

I hereby grant permission for non-prescription medications (i.e. cough drops, Tylenol, etc) to be given to my child if necessary. I understand that aspirin will not be given to my son/daughter without my express permission. I grant such permission: ___YES ___NO

My son/daughter is allergic to the following: _____

My son/daughter's immunizations are up to date: ___YES ___NO

My son/daughter has the following limitations: _____

My son/daughter experiences emotional disturbances (i.e. homesickness, reactions to new situations, etc) ___YES ___NO Please Explain: _____

Parent/Guardian Name (Please Print) _____

Signature

Date

PARENTAL/GUARDIAN PERMISSION AND LIABILITY WAIVER

Participant's Name _____

Birth Date: _____ Sex: Male Female Age: ____

Parent/Guardian's Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

I, _____ grant permission for my son/daughter to participate in this conference which will take place at **St. Andrew Catholic Church** in Roswell, GA under the guidance and direction of volunteers of the **ALLIANCE OF THE HOLY FAMILY INT'L/ALLIANCE OF THE TWO HEARTS OF GEORGIA.**

Description of Activity: ADORE 2010

Dates of Events:

Friday, August 20, 2010 9:00a-10:00p

Saturday, August 21, 2010 8:00a-10:00p

Sunday, August 22, 2010 9:30a- 6:00p

Emergency Contacts:

Diane Guesman- (770) 993-1846

Margarita Santiago- (678) 521-0484 (Esp)

Location:

St. Andrew Catholic Church

675 Riverside RD

Roswell, GA 30075

As parent/legal guardian, I remain legally responsible for any personal actions taken by my son/daughter named above. I agree on behalf of myself, my son/daughter named heirin, our heirs, successors, and assigns to hold harmless and defend **ALLIANCE OF THE HOLY FAMILY INT'L/ALLIANCE OF THE TWO HEARTS OF GEORGIA**, its officers, directors, agents, and the Archdiocese of Atlanta, from any liability for any illness, injury, or death arising from or in connection with my son's/daughter's attending **ADORE 2010** and I agree to compensate AHFI/ATHGA, it's officers, directors and agents and the Archdiocese of Atlanta, or representatives associated with **ADORE 2010** for reasonable attorney's fees and expenses arising in connection therewith.

_____ (Parent/Guardian Name)

(Print)

Signature

Date

PROMOTIONAL RELEASE FORM

I, _____, consent to use by **ALLIANCE OF THE HOLY FAMILY INT'L/ALLIANCE OF THE TWO HEARTS OF GEORGIA** of any video recordings, photographs, slides, audio recordings, or any other visual or audio reproduction in which I may appear. I understand that these materials are being used for promotion of the youth ministry of **ALLIANCE OF THE HOLY FAMILY INT'L/ALLIANCE OF THE TWO HEARTS OF GEORGIA**. Such promotional activities extend to recruitment, fund raising, advocacy, etc.

I release the staff, volunteers, etc. of **ALLIANCE OF THE HOLY FAMILY INT'L/ALLIANCE OF THE TWO HEARTS OF GEORGIA** from any liability connected with the use of my picture or voice recording as part of any of the above or similar activities.

Participant Name: _____

Signature

Date

Name of Parent /Guardian (If under 18): _____

Signature

Date