

**ADULT CONSENT and RELEASE FOR MEDICAL TREATMENT
PARISH**

(For adult participants, 21 years of age or older.)

In Case Of Emergency, and in the event that I am not coherent or conscious, I hereby grant _____, and/or other adult chaperones of _____ Parish, permission to act on my behalf in seeking emergency medical treatment for myself in the event that such treatment is deemed necessary. I hereby give permission to emergency and hospital personnel to release information on my condition to the Diocese of Pensacola-Tallahassee and _____ Parish personnel.

I hereby give my permission to those administering medical treatment to do so.

I further absolve and release _____ Parish, its Pastor, employees, and volunteers, as well as the Diocese of Pensacola-Tallahassee and its employees, from any liability whatsoever when acting on my behalf in regard to medical treatment, and in any other respect deemed necessary should I become incapacitated.

Name of Participant: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Social Security Number:** _____
(Required for treatment in most Hospitals.)

Insurance Company: _____

Policy Number: _____

Insurance Address / Phone: _____

Place of employment providing Insurance: _____

Additional comments regarding medical history, allergies, medications, or other conditions: _____

In the event of an emergency, please contact the person(s) named below:

Name: _____

Relationship: _____

Phone Number(s): _____

In addition, I hereby give permission for the Diocese of Pensacola-Tallahassee and any of its affiliated organizations, including, but not limited to The Florida Catholic, to use my name and/or photograph for promotional, news or public relations purposes in print and/or electronic media.

I acknowledge that my signature on the bottom of this page signifies that I am in agreement with all the statements on this form. Furthermore, I agree to abide by all policies and expectations regarding adult leaders / chaperones as put forth by _____ Parish and the Diocese of Pensacola-Tallahassee. My primary function on this trip is to ensure the safety and well-being of all participants in my charge. I will refrain from any actions / behaviors that are not consistent with the teachings of the Catholic Church and any that could be potentially harmful to myself and any other participants.

Signature of Participant: _____ Date: _____