

## Adult Medical Release Form

Adult Name	(Please print NEATLY)
Age	
Home Address, City, Zip	
Home Phone	
Cell Phone (Emergency Only)	
Email	Email Address
Emergency Contact and #	

**Liability Release:** I, the undersigned, individually, acknowledge that participation in activities and travel off of the church property involve certain risks. I, on my own behalf, hereby release, discharge and indemnify All Saints Catholic Church, its employees, agents, and all volunteer personnel from all liabilities for damage, injury, or illness to myself or my property during participation in any activity or travel to or from any activity away from or off of church property. I understand that any activity requiring transportation from church property in any situation other than emergency will require a signed release for each activity.

I agree that I give permission to be photographed for parish and diocesan events and published in parish/diocesan publications.

Adult Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Adult Printed Name \_\_\_\_\_

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### Code of Conduct

1. The use of drugs, tobacco, alcohol, fireworks, matches, lighter, or items that endanger people or property are strictly forbidden.
2. Clothing must be appropriate (Please remember we are at church).
3. Language and behavior should exemplify Christian values.
4. You are expected to respect the rights and property of others.
5. No participants are allowed to leave the premises (defined as the area which the activity is taking place) without the express permission or the coordinator or teacher.
6. Each participant is expected to participate in ALL activities of each event.
7. CELL PHONES use by adults should be kept to a minimum.

I agree to abide by all rules and regulations as outlined in the code of conduct. I agree that if I fail to abide by this code or engages in any infraction that is deemed by the coordinator to be inappropriate, I may be dismissed from this activity and sent home at my expense with no right of reimbursement.

Adult Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*Note: This form will remain on file for the entire year. If you have changes in medical information, it is your responsibility to contact Annie Nassis with changes.**

Adult Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Attached is a code of conduct. I \_\_\_\_\_ (name of adult) understand that a certain code of conduct is expected of all youth and adults attending any parish-sponsored function. By signing below, I state that I have read, signed and has full understanding of the code of conduct. I understand that any violation of the code of conduct is grounds for dismissal from the activity.

Adult Signature \_\_\_\_\_  
 Adult Printed Name \_\_\_\_\_ Date \_\_\_\_\_

### MEDICAL MATTERS

I hereby warrant that to the best of my knowledge, I am in good health. I assume all responsibility for the health of my child. Of the following statements pertaining to medical matters, sign only those in accordance with your wishes:

PLEASE  
SIGN  
Item A  
OR B  
BELOW:

### EMERGENCY MEDICAL TREATMENT

In the event of an emergency, I hereby give permission to be transported to the hospital for emergency medical or surgical treatment. In the event of an emergency, please contact my emergency contact listed below.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Please contact: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Phone # \_\_\_\_\_ Family Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Health Plan Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

### OTHER MEDICAL TREATMENT

I am taking medications at present. (Please list below)

\_\_\_\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Dietary Needs or Allergies? \_\_\_\_\_

Physical Limitations? \_\_\_\_\_

Special Medical Conditions? \_\_\_\_\_

Other Info that we need to know? \_\_\_\_\_