Archdiocese of Galveston-Houston Parish Catechetical Leader of Youth, Chaperone and Young Adult Assistant Medical Release and Liability Form

indirectly from or attributable in any legal way, to	ich claims against such organization or any such person, arising directly or any action or omission to act of any such organization or person in connection ent by a licensed medical physician or licensed medical team in case of any italization necessary.
Name (First, Middle, Last):	
City:	
Parish:	
Home Phone: ()	
Physician's Name:	Phone: ()
(The following request is pertinent information	on if you are rendered unconscious)
Date of Birth (including year):	Age:
Date of last Tetanus shot:	
Please list ALL medical conditions / allergies / s	special health information including bouts with depression and anxiety:
Please list ANY medications (prescription or nor	n-prescription) you would like us to be aware of:
Do you have Medical Insurance: Yes	No
If Yes, Please provide the following information	: Insurance Company:
Policy in the name of:	Policy Number:
Name of Emergency Contact:	Phone Number: ()
In the event the participant does not have insuthe patient.	urance, payment in full for medical care becomes the responsibility of
Signature	Date
In signing the line above I agree to abide by any/all policies and rules established for this event/activity (see Code of	

In signing the line above I agree to abide by any/all policies and rules established for this event/activity (see Code of Conduct). Should I not be able to maintain the guidelines and expectations of the adult chaperones/young adult assistants, I understand that there will be consequences for my actions, which could include being asked to leave the event.