

FORM H

**REGION 10 CATHOLIC YOUTH MINISTRY
2010 REGION 10 YOUTH CONFERENCE**

ADULT CONSENT and RELEASE FOR MEDICAL TREATMENT

(For participants, 18 years of age or older.)

In Case of Emergency, and in the event that I am not coherent or conscious, I hereby grant representatives from Region 10 Catholic Youth Ministry, the Diocese of Little Rock, and/or other adult chaperones, permission to act on my behalf in seeking emergency medical treatment for myself in the event that such treatment is deemed necessary by medical professionals.

I hereby give permission to attending physicians / medical personnel to hospitalize, secure treatment, and to order injection, anesthesia, and/or surgery as deemed medically necessary.

I further absolve and release our parish and the Diocese of Tulsa, Oklahoma, the Diocese of Little Rock, Region 10 Catholic Youth Ministry, the City of Little Rock, the Statehouse Convention Center, their representatives, employees, and volunteers, 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: _____

Insurance Company: _____

Policy Number: _____

Insurance Address / Phone: _____

Place of employment providing Insurance: _____

Please attach a photocopy of both sides of your Insurance Card to this release form.

_____ **At this time, I am not covered by Medical 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 affixing my signature below, I testify that the above statements are true to the best of my knowledge, and that I am in agreement with all statements on this form. Furthermore, I agree to abide by all policies and expectations regarding adult leaders / chaperones as put forth by our Diocese and Region 10 Youth Ministry (see attached *Adult Code of Conduct*). My primary function on this trip is to ensure the safety / 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 those that could be potentially harmful to myself and /or others.

Signature of Participant: _____ **Date:** _____