

**St. Elizabeth Ann Seton Church
2019-2020 Emergency Information**

Family Last Name: _____

Parent/Guardian-1 (mother): _____ Cell Phone Number _____

Parent/Guardian-2 (father): _____ Cell Phone Number _____

If parents cannot be reached, please contact this non-parent/guardian adult

Emergency Contact-1: _____ Cell Phone Number _____

Emergency Contact-2: _____ Cell Phone Number _____

List children with food allergies/medical conditions:

I, the undersigned, as the parent or legal guardian of the above named child/children, do hereby give permission for him/her/them to participate in any of the activities conducted by Children's or Youth Ministry for the Parish of St. Elizabeth Ann Seton in Irvine.

LIABILITY RELEASE: I also hereby release, forever discharge and agree to hold harmless the Parish of St. Elizabeth Ann Seton and the Diocese of Orange and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the above named child/children that occur during all Children's or Youth Ministry activities. Furthermore, I hereby assume all risk and personal injury, sickness, death, damage, and expense as a result of participation in these activities. Further, authorization and permission is granted to furnish any necessary transportation, food, lodging required for the activities. The undersigned further hereby agrees to hold harmless and indemnify St. Elizabeth Ann Seton Church, its directors, employees or agents, for any liability sustained by said church as the result of the negligent, willful or intentional acts of the above named child/children, including expenses incurred attendant thereto.

MEDICAL RELEASE: I attest that the above named child/children is/are in good physical condition. Should any accident or illness occur during any Children's or Youth Ministry activity, I will not hold St. Elizabeth Ann Seton or its directors responsible for medical aid rendered and will reimburse them for the medical and other expenses incurred. The above named child/children may receive necessary first aid. He/she may receive medical attention by any duly licensed physician, and may be admitted into a hospital in case of emergency.

DISASTER PREPAREDNESS: In case of disaster, my child/children may be released into the care of a parent, legal guardian, or the above listed emergency contact persons.

CONSENT FOR PHOTOGRAPHS & VIDEOS: I hereby authorize and give full consent, without limitations or reservations, to St. Elizabeth Ann Seton parish and the Diocese of Orange to publish any photographs or videos in which the above named student(s), parent(s) or grandparents(s) appear while participating in any program with the St. Elizabeth Ann Seton parish. There will be no compensation for use or any photographs or videos at the time of publication or in the future.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____