

Due Date: November 1, 2025  
Cost: \$90

**Emmaus Catholic Parish**  
**PARENTAL CONSENT AND EMERGENCY MEDICAL RELEASE FORM**  
*Inspiration Tour 2025 - November 8, 2025*  
*Six Flags Fiesta Texas, San Antonio*

I/We, the parent(s)/guardian(s) of \_\_\_\_\_ do hereby give my/our permission and approval for my/our son/daughter/guardianship to participate in the **Catholic Youth Day on November 8, 2025** with the *Emmaus Catholic Parish* Youth Ministry. I/ We do hereby, for myself, my heirs, executors, and administrators, waive, release, absolve, indemnify and agree to hold harmless any and all adults who chaperone this event, other participants, the Catholic Diocese of Austin, *Emmaus Catholic Church*, and any of the above named parties' representatives, successors, supervisors, sponsors, and/or organizers, for any injuries in connection with the outing / event(s) named above, provided that said injuries are not the result of gross, willful negligence.

I/We likewise release from liability any person(s), airline, Bus Company, or other transportation service, transporting my child, in a privately owned and/or leased vehicle, to and from any activities connected with the above named event(s), with the exception of gross negligence due either fully, or in part, to mechanical failure and/or operator error.

I/We also give permission to seek any emergency care should my child be involved in any accident or be injured in any way during such events named above. I/We understand that in any such instance, all attempts will be made to contact the parent/guardian. In the event that I/we cannot be contacted, I/we hereby give permission to the attending physician to hospitalize, secure treatment for, and to order injection, anesthesia, and/or surgery for my child, as named herein.

I also agree that I am legally responsible for all/any personal actions taken by my child/guardianship during this event, and agree to be financially responsible for any/all damages, legal fees, and other costs incurred as a result of the actions/behavior of my child/guardianship.

Furthermore, I/we agree that if the above named student's behavior is inappropriate, unsafe and/or detrimental to the group, I will be contacted immediately to secure means of removing my child/guardianship from the event premises. I understand that any financial costs incurred as a result of my child/guardianship being sent home are my responsibility.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name of Parish: Emmaus Catholic Parish Name of Youth Minister: Casey Cotton, 512-968-4700

In signing this form, I certify that all information contained herein is true and accurate to the best of my knowledge.

\*\*\*\*\*

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

In signing the above line, I agree to abide by any / all policies and rules established for this event / activity. Should I not be able to maintain the guidelines and expectations of the adults and my peers, I understand that there will be consequences for my actions, including being removed from the activity and being sent home at my parent's expense.

Basic rules / expectations include, but are not limited to, the following: Respect for all adult leaders, peers, and all property; NO illegal drugs, alcohol, underage smoking, firearms, explosives, or other illegal substances; Males and females are to remain in separate sleeping spaces at all times; No inappropriate physical / sexual activity; Appropriate attire is to be worn at all times. Other guidelines may be set forth accordingly by adult chaperones present for the event(s).

**Requested information on both sides of this form MUST be filled in completely in order for the student to participate in this event.**

**\*\* Please photocopy insurance card that is to be used and attach it to this form. \*\***

**Name of Student:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_ **Home phone #:** \_\_\_\_\_

**Father/Guardian's full name:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Home address:** \_\_\_\_\_

**Place of business/address:** \_\_\_\_\_

\_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Mother/Guardian's full name:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Home address:** \_\_\_\_\_

**Place of business/address:** \_\_\_\_\_

\_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Relative or friend to contact if unable to reach parent/guardian in the event of emergency:**

**Name & Relationship:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Insurance Carrier:** \_\_\_\_\_

**Insurance Policy Number:** \_\_\_\_\_

**Insurance is provided by which parent and/or place of employment?** \_\_\_\_\_

**Address and Phone Number of Company:** \_\_\_\_\_

**Special considerations to be aware of (ie: allergies, medical conditions, etc...)** \_\_\_\_\_

**Medication (and dosage) my son/daughter is currently taking:** \_\_\_\_\_

(EITHER A PHYSICIAN'S PRESCRIPTION OR PARENT NOTE MUST ACCOMPANY ALL MEDICATIONS.  
PRESCRIPTION / NOTE SHOULD BE ATTACHED TO THIS FORM.)