

**St. Thomas More**  
**ADULT CONSENT and RELEASE FOR MEDICAL**  
**TREATMENT**

(For adult participants, 21 years of age or older.)

**In Case Of Emergency**, and in the event that I am not coherent or conscious, I hereby grant *Michele Mchale-Pickard, YOUTH MINISTER*, and/or other adult chaperones of *STM*, permission to act on my behalf in seeking emergency medical treatment for myself in the event that such treatment is deemed necessary.

I hereby give my permission to those administering medical treatment to do so.

I further absolve and release *STM*, its Pastor, employees, and volunteers, as well as the Archdiocese of Atlanta and its employees, 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: \_\_\_\_\_

Cell # \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Insurance Address / Phone: \_\_\_\_\_

Place of employment providing Insurance: \_\_\_\_\_

Additional comments regarding medical history, allergies, medications, or other conditions:  
\_\_\_\_\_  
\_\_\_\_\_

<p><b>In the event of an emergency, please contact the person(s) named below:</b></p> <p>Name: _____</p> <p>Relationship: _____</p> <p>Phone Number(s): _____</p>
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I hereby grant permission for publication of group (two or more) photos taken at youth events.

**I acknowledge that my signature on the bottom of this page signifies that I am in agreement with all the statements on this form. Furthermore, I agree to abide by all policies and expectations regarding adult leaders / chaperones as put forth by *STM* and the Catholic Archdiocese of Atlanta. My primary function on this trip is to ensure the safety and 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 any that could be potentially harmful to myself and any other participants.**

Signature  
of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

**Child & Youth Protection Policy**

It is the policy of the Archdiocese of Atlanta that all adults (volunteer or paid) must complete the safe environment education, paperwork and background check before working with children or youth for parish or Archdiocesan sponsored events, classes, activities, etc. Please have the pastor of your parish sign below verifying that all paperwork and background checks have been completed in accordance with Archdiocese of Atlanta Safe Environment policy and are on file in both the parish office and the Archdiocese of Atlanta Office of Human Resources. ***Adults must be cleared by their home Parish to work with children/youth inside or outside the parish.***

Pastor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_

Parish: \_\_\_\_\_  
\_\_\_\_\_