

# Holy Vietnamese Martyrs Catholic Church of Austin

## ADULT CONSENT and RELEASE FOR MEDICAL TREATMENT

In Case Of Emergency, and in the event that my child(ren) is(are) not coherent or conscious, I hereby grant Đoàn Thiếu Nhi Thánh Thể, Don Bosco Austin, and/or other adult chaperones of HVMCC Vietnamese Eucharistic Youth Society , permission to act on my behalf in seeking emergency medical treatment for my child(ren) 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 HVMCC Parish, its Pastor, employees, and volunteers, as well as the Diocese of Austin 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.

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 Giáo Xứ Các Thánh Tử Đạo Việt Nam and the Catholic Diocese of Austin. My child(ren)'s primary function on this trip is to ensure the safety and well-being of all participants in my charge. My child(ren) 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 him/her/them and any other participants.

**Chữ ký phụ huynh (Signature of Parent/Guardian):**

\_\_\_\_\_  
**Ngày (Date):** \_\_\_\_\_

**Name:** \_\_\_\_\_