

Name of Child: _____

Name of Parent or Legal Guardian: _____

Name of Parish: ST. Catherine of Siena

Name of Event: _____

Destination: _____

Date and Time of Departure: _____

Date and Anticipated Time of Return: _____

Method of Transportation: _____

Cost: _____

If you would like your child to participate in this event, please read, complete, sign and return this form, which includes your consent, as well as a full release of liability. As parent or legal guardian, you remain fully responsible for any acts of the named child during this activity.

Please list any known allergies: _____

Physician's Name: _____ Telephone Number: _____

For and in consideration of the child being allowed to participate in this event, and other valuable consideration, the undersigned parent, guardian or legal representative, on behalf of the child and the child's parents, personal representatives, assigns, heirs, and next of kin, does hereby release and hold harmless the Diocese of St. Augustine, Felipe J. Estévez as Bishop of the Diocese of St. Augustine, a corporation sole, Bishop Felipe J. Estévez, individually, the above-noted parish, and employees and agents of said parties engaged in this particular event, their personal representatives or assigns, from any loss or damage on account of any injury to the person or the personal property, of the child, or death, caused by negligence or otherwise, while the child is engaged in the above-stated event or in transportation to and from said event. The undersigned expressly agrees that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Florida, and that if any portion of this Agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

The undersigned parent, guardian, legal representative further acknowledges that he/she is authorized to enter this Agreement on behalf of the child, and the child's parents, personal representatives, assigns, heirs, and next of kin.

(Parent / Guardian / Representative Signature) (Date) _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

I have read the above and consent to the use of photos of my child being used _____

I have read the above and DO NOT consent to the use of photos of my child being used _____

Signature of Parent/Guardian: _____ Date: _____

Student Signature (only needed if consenting): _____

**Diocese of St. Augustine
Parent/Guardian Medical Release**

Child's Name: _____ Date of Birth: _____

Parent/Guardian Name: _____

Mother's work # : _____ Father's work #: _____

Mother cell #: _____ father cell #: _____

Home Address: _____

City: _____ State: _____ zip: _____

Home Phone: _____

Name of Diocesan/ Parish Entity: _____

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

(Of the following statements pertaining to medical matters, sign only in accordance with your wishes.)

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I hereby give permission to the above named Diocesan entity's employees, volunteers, or representatives to seek medical treatment for my child above named.

In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the above named Diocesan entity's representatives or volunteers to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child above named.

In the event of an emergency, if you are unable to reach me at the above number, contact:

Name and Relationship: _____ Phone #: _____

Family Doctor: _____ Phone #: _____

Family Health Care Plan: _____ Policy Number: _____

Allergic to: _____ Reaction: _____

My child's medications / Dosages: _____

Medical Problem or Condition (allergies, diabetes, etc.): _____

Physical Disabilities: _____

Signature of Parent/Guardian

Date

OTHER MEDICAL TREATMENT: In the event it comes to the attention of the above named Diocesan entity's volunteers or representatives that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, or diarrhea, I hereby give permission for over-the-counter medication to be administered to my child according to directions.

Signature of Parent/Guardian

Date