



Saint Kateri Church
-Babysitting Night-
February 14, 2020 5:00-8:00pm

CHILD'S NAME:

Address:

Phone #:

Date of Birth:

Allergies:

Conditions requiring special consideration (medical/physical):

Does your child require: (A) **Epipen** Yes No (B) **Inhaler** Yes No

PRIMARY CONTACT NAME:

Relationship to child:

Phone #:

SECONDARY CONTACT NAME:

Relationship to child:

Phone #:

HEALTH INSURANCE INFORMATION:

Company Name:

Policy #:

Group #:

Childs Physician:

Phone#:

EMERGENCY MEDICAL RELEASE: In the event of a medical emergency where medical treatment is required, I give my permission to St. Kateri Tekakwitha Staff to obtain the services of a licensed physician and transport my child/children to the closest hospital if necessary. St. Kateri Tekakwitha's staff will immediately attempt to contact a parent/ guardian in the case of such an emergency.

I Agree

PHOTO RELEASE: On occasion photos may be taken of your child alone or in a group to be published in parish media outlets including but not limited to website, various social media outlets, in house digital screens and bulletin.

Yes, I give permission

No, I do not give permission

RELEASE OF LIABILITY: In consideration of this event, I/we release, hold harmless and discharge Saint Kateri parish, its officers, Trustees, employees, agents, and affiliates, of and from any and all liability, claim, loss, damage, cost or expense and waive any such claims against any such person or organization arising directly or indirectly from or attributable to any action or omission to act of any such person or organization in connection with this event and I/we further agree to indemnify and hold harmless Saint Kateri parish and its aforesaid affiliated personnel from any such liability, claim, loss, damage, cost, or expense.

I Agree

PARENT/GUARDIAN NAME: (please print)

Date:

PARENT/GUARDIAN SIGNATURE: