

**STUDENT:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

### RELIGIOUS EDUCATION ACTIVITIES

I grant permission for my children who are listed above to participate in **Religious Education activities during the 2019-2020** school year that may include travel to and from locations in Fredericksburg and other cities. I also consent to the use of any videotapes, photographs, slides, audiotapes, or any other visual or audio reproduction in which myself or my child/children may appear. I understand that these materials are being used for promotion of Religious Education of St. Mary's Church on the St. Mary's website, St. Mary's Parish Bulletin, and official St. Mary's social media accounts. Such promotional activities extend to recruitment, fund-raising, advocacy, etc. I authorize the adult chaperones to act on my behalf in all matters of discipline, health care, and supervision. As parent/legal guardian, I remain legally responsible for any personal actions taken by my child/children named above. I agree on behalf of myself, my child/children named within, our heirs, successors, and assigns to hold harmless and defend St. Mary's Parish, its officers, directors, agents, and the Archdiocese of San Antonio from any liability for illness, injury or death arising from or in connection with my child's attending the above named activities and I agree to compensate the parish, its officers, directors, agents, and the Archdiocese of San Antonio or representatives associated with the activities for reasonable attorneys' fees and expenses arising in connection therewith.

### MEDICAL CONSENT AND PERMISSION TO TREAT

My child is in the care of St. Mary's Catholic Church for the purpose of this Religious Education activity: **RE 2019-2020**.

I am giving medical permission and consent to treat.

In the event of an emergency, I give permission to transport my child to a hospital for emergency treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

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

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To the best of my knowledge, my child is in good health, and I assume all responsibility for his/her health. My son/daughter is taking medication and will bring all medication with him/her and it will be clearly labeled. My son/daughter is taking the following medications and directions for taking this medication, including dosage, frequency and storage are as follows:

I hereby grant permission for non-prescription medication (such as cough drops, cough syrup, Tylenol, etc.) to be given to my child if necessary. I understand that aspirin will not be given to my son/daughter without my express permission:

I grant such permission  Yes,  No.

My son/daughter is allergic to the following: \_\_\_\_\_

My son/daughter's immunizations are current and up to date  Yes,  No.

My son/daughter has the following limitations: \_\_\_\_\_

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### EMERGENCY INFORMATION:

If you are unable to reach me, please contact:

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

***I HAVE COMPLETED THE MEDICAL PERMISSION FORM AND HAVE RECEIVED A COPY OF THE PARENT AND STUDENT POLICIES FOR RELIGIOUS EDUCATION.***

\_\_\_\_\_  
Parent/Guardian Name (PRINT)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date