

**MEDICAL PERMISSION AND RELEASE / CONSENT AND LIBALITLIY WAIVER FORM**  
**San Fernando Cathedral Religious Education Program**

**STUDENT NAME:** \_\_\_\_\_ **GRADE** \_\_\_\_\_  
(Please Print)

TO THE BEST OF MY KNOWLEDGE, MY CHILD IS IN GOOD HEALTH, AND I ASSUME ALL RESPONSIBILITY FOR THE HEALTH OF MY CHILD.

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. IF YOU ARE UNABLE TO REACH ME IN CASE OF AN EMERGENCY, PLEASE CONTACT:

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone \_\_\_\_\_

FAMILY DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

I UNDERSTAND THAT ASPIRIN WILL NOT BE GIVEN TO MY CHILD WHO US UNDER THE AGE OF 18 UNLESS I SPECIFICALLY REQUEST IT. **MARK ONE:**

( ) DO/DO NOT give my child ASPIRIN

( ) DO/DO NOT give my child TYLENOL/IBUPROFEN.

MY CHILD IS ALLEGRIC TO THE FOLLOWING: \_\_\_\_\_

MY CHILD HAS THE FOLLOWING LIMITATIONS: \_\_\_\_\_

Please share any information that you feel will be helpful to us in working with your child (i.e., learning disabilities, ADD, recent traumatic experiences [divorce, death in the family, etc.], emotional reactions to new places or people):

---

I, (Print name) \_\_\_\_\_, GIVE PERMISSION FOR MY ABOVE NAMED CHILD TO PARTICIPATE IN PARISH RE/YOUTH MINISTRY ACTIVITIES, INCLUDING EVENTS THAT REQUIRE TRANSPORTATION TO A LOCATION AWAY FROM THE PARISH SITE. THESE ACTIVITIES WILL TAKE PLACE UNDER THE GUIDANCE AND DIRECTION OF PARISH EMPLOYEES AND/OR VOLUNTEERS FROM SAN FERNANDO CATHEDRAL CHURCH. (Notice of activities beyond regular class sessions will be sent home in advance of actual dates of events.)

AS PARENT/GUARDIAN, I AM LEGALLY RESPONSIBLE FOR ANY PERSONAL ACTIONS TAKEN BY THE ABOVE-NAMED MINOR ("STUDENT").

I AGREE ON BEHALF OF MYSELF, MY CHILD NAMED HEREIN, OR OUR HEIRS, SUCCESSORS, AND ASSIGNS, TO HOLD HARMLESS AND DEFEND SAN FERANDO CATHEDRAL CHURCH, ITS OFFICERS, DIRECTORS, AGENTS, AND CHAPERONS, AND THE ARCHDIOCESE OF SAN ANTONIO AGAINST ACTIONS ARISING FROM OR IN CONNECTION WITH MY CHILD ATTENDING AN EVENT OR IN CONNECTION WITH ANY INJURY OR ILLNESS OR COST OF MEDICAL TREATMENT IN CONNECTION THEREWITH, AND I AGREE TO COMPENSATE THE PARISH, ITS OFFICERS, DIRECTORS, CHAPERONS AND AGENTS, AND THE ARCHDIOCESE OF SAN ANTONIO, OR REPRESENTATIVES ASSOCIATED WITH THE EVENT, FOR REASONABLE ATTORNE'S FEES AND EXPENSES ARISING IN CONNECTION THEREWITH.

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(RELATIONSHIP)

\_\_\_\_\_  
(DATE)

**This form will remain on file and be in effect for one (1) year:**

**SEPTEMBER 1, 2020 – AUGUST 31, 2021**