

Saint Kateri Tekakwitha Permission/Release/Medical Form

Parent Agreement:

We realize our obligation as Catholic parents to ensure our child/children's regular attendance at Religious Education classes, weekly Mass, and Holy Days of Obligation. We also acknowledge the requirement to attend sacramental meetings, if applicable. We understand that failure to meet these obligations could result in the postponement of our child/children's reception of the sacraments and /or promotion to the next grade level of their religious studies. We also understand that absences from Religious Education Classes are not to exceed three during the 2020-2021 Religious Education Program.

Parent/Guardian Initials: _____ Date: _____

Medical Information and Release Form

Name of Participant: _____

Name of Parent/Guardian: _____

Is the participant allergic to any food or medicine? ____ Yes ____ No

If yes, please list: _____

Is the participant taking any prescription medicine? ____ Yes ____ No

If yes, please list: _____

Does the participant have any emotional, physical or sensory conditions? ____ Yes ____ No'

If yes, please explain: _____

As parent and/or legal guardian I remain legally responsible for any personal actions taken by the above named minor. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. Kateri Tekakwitha, the Catholic Diocese of Richmond, its employees and agents, chaperones, or representatives associated with this event from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the Diocese, its employees and agents and chaperons, or representatives associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the Diocese.

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. In the event of any emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers I give permission for the noted emergency contact to be notified. I will not hold St. Kateri Tekakwitha and the Diocese of Richmond responsible for authorizing any medical treatment beyond necessary transportation to the hospital.

Parent/Guardian Signature: _____ Date: _____

Pictures and Video Release Form

I give permission for pictures and/or video of my child (named above) engaged in activities related to the parish or Diocesan event to have their pictures posted in St. Kateri Tekakwitha, the Diocese of Richmond publications or websites. Names of participants will not be used without expressed permission from the parent or guardian. ____ Yes ____ No

Please return this completed and signed form with payment of \$20 per child/maximum \$50 per family to Angela Haggard or Debbie Gausmann

Date	Cash	Check	Check Number
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