

ST. THOMAS CATHOLIC CHURCH
6 Green Street, PO Box 3
Underhill Center, Vermont 05490

Parish Office: 802-899-4632 Email: office@stthomasvt.com

Parish Catechetical Leader: Laura Lynch Wells

Religious Education Office: 802-899-4770 Email: rel.ed@stthomasvt.com

2020-21 Religious Education: Health/Emergency/Consent Release

(Please fill out separate form for each child in the family.)

FAMILY NAME: _____

Child's Name: _____

Nickname: _____

Birth Date: MM____/DD____/ YYYY_____ Sex: M/ F Age: _____

Parent (s)/Guardian: _____

Address: _____

City/ State/ Zip: _____

Emergency contact during Sunday Rel Ed: _____

Contact's Home # _____ Cell # _____ Relationship: _____

Health Insurance Provider: _____

Policy #: _____

Personal Physician's Name: _____

Phone #: _____

Medical Conditions, Allergies, or Dietary Considerations: _____

Current Medications/Reason for Medications: _____

Other Comments: _____

Parent / Guardian Authorization and Signature

By my signature below, as parent/guardian of a candidate in the Religious Education Program, I acknowledge, **by initialing each of the statements below**, that I have read and understand the provisions listed below and agree to be bound by all terms.

_____ **Authorization for Medical Treatment**

In the event of a medical and/or emergency situation during my absence, I hereby authorize necessary treatment, administration of anesthesia and/or surgical treatment(s) for my minor child/ward when deemed necessary by any physician, hospital medical staff or other appropriate medical personnel. I furthermore agree to release, indemnify and hold harmless the Roman Catholic Diocese of Burlington, St. Thomas Parish, their officers, directors, employees, staff members, volunteers and agents, from and against any and all claims for damages related to administration of emergency medical care as authorized in this statement.

_____ **Acknowledgement of Insurance Coverage**

I hereby acknowledge that neither the Roman Catholic Diocese of Burlington nor St. Thomas Parish are providing insurance coverage of any kind for any students in the Religious Education Program, including, but not limited to, life, health, accident, disability, liability, or any other kind of insurance whatsoever. I agree to undertake responsibility for any and all loss, damages, and responsibility to acquire insurance to provide the appropriate coverage (s) for the risks associated with participation in the Religious Education Program.

_____ **Liability Release (includes transportation)**

I hereby release and agree to hold harmless the Roman Catholic Diocese of Burlington and St. Thomas Parish, their officers, directors, employees, staff members, volunteers, and agents from any and all liability, claims and/or damages for personal injury property loss or other damages which may result to my child/ward. I further state that my child/ward is physically fit and able to participate in the Religious Education Program.

_____ **Media Release**

I hereby authorize the Roman Catholic Diocese of Burlington or St. Thomas Parish to use the name, voice and likeness of my child/ward in any manner, form or way relating to communication production in any media, and I hereby release these entities from any and all claims associated therewith in connection with the Religious Education Program.

_____ **I give permission to give Contact Information to other participants.**

_____ **I give permission for St. Thomas Religious Education Office to use Contact Information to keep in touch after the Religious Education year is over.**

Date: MM ____/DD ____/ YYYY _____

Name of Child: _____

Parent Signature: _____

Contact Phone #: _____