

RCIA

OOS I (3/4/5)

OOS II (4/5/6)

OOS Pre-Conf (8th+)

OOS Conf I (9th+)

OOS Conf II (10th+)

Special Needs Please list, explain and provide suggestions for handling any conditions or situations that may influence your child's participation in class or ability to learn: _____

Parental Permission, Health Authorization and Release Form

Who should we contact in the event of an emergency during Faith Formation class times?

Name: _____ Relationship: _____

Cell Phone: (____) _____ Other Contact #: (____) _____

Name: _____ Relationship: _____

Cell Phone: (____) _____ Other Contact #: (____) _____

Family Physician: _____ Phone: (____) _____

Medical Plan: _____ Plan #: _____

*Do you authorize the adult leader to authorize medical treatment for your child in an emergency, as considered necessary by the attending physician? ____YES ____NO

State any reasons why you would not want medical care given to your child in an emergency: _____

List all allergies your child has: _____

List all conditions (such as allergies, seizures, asthma, diabetes) for which your child requires ongoing medication and the type and frequency of medication given: _____

List any physical restriction or restriction for any activity on the basis of medical condition: _____

Parental Permission and Release and Waiver of Liability: I/we, parent or authorized guardian of the child listed, give permission for his/her participation in the Faith Formation Program at Holy Cross Roman Catholic Church in Las Cruces, New Mexico.

I/we agree to direct my/our child to cooperate and comply with reasonable directions and instructions from Faith Formation staff, adult leaders and other program volunteers.

I/we agree to be responsible for all medical expenses relating to injury of my/our child as a result of his/her participation in this program, whether or not caused by the negligence of diocese/parish, Faith Formation employees, agents, or volunteers, or other participants.

I/we agree on behalf of myself/ourselves, my/our child named herein or our heirs, successors and assigns, to release and waive any and all claims for damages which I/we or our child may have so as to release and discharge in advance those parties hereinafter named and further agree to indemnify, hold harmless and defend the Roman Catholic Bishop of Las Cruces and his successors, the Diocese of Las Cruces, its officers, directors and agents, volunteers, chaperones, and/or representatives, and the parish, Holy Cross Catholic Church and personnel, from any and all liability arising from or in connection with my/our child attending Faith Formation classes/events/activities or in connection with any illness or injury or cost of medical treatments.

Parent/Guardian Signature: _____ Date: _____

Printed Name of Parent or Guardian: _____