

Permission and Medical Treatment Waiver

I, _____, the parent/guardian of (Please print) _____ do hereby give my permission for (Please print child(ren)'s name) _____ him / her / them to attend St. Thomas Aquinas Newman Center Catholic Church Religious Education and be treated for a medical emergency in my absence while participating in the Religious Education program. The Director of Religious Education, or Adult supervisor may act as an agent in my absence. In case of accident, I do not hold the Archdiocese of Santa Fe, the parish, its staff, or the adult assistants responsible.

In case of emergency, if I am not available at the above address and phone, please contact:

Name: _____; Phone number: _____
Relationship: _____ Parent/Guardian Signature: _____
Date: _____ Special Dietary Needs: _____
Allergies: _____

Other people authorized to pick up my child(ren):

Name: _____ Cell # _____
Name: _____ Cell # _____