

**Church of the Visitation
Religious Education Program
2017-2018 Academic Year Permission/Medical/Liability Release Form**

Parent/Guardian Permission

I hereby consent to participation by my son(s)/daughter(s), listed below, in the Church of the Visitation Religious Education Program, which includes Grades K through 12th Grade and the CYO Program, which includes Grades 7th-12th, for the 2017-2018 academic year. I understand that this program will take place on the parish grounds or away at locations chosen by the Religious Education Coordinator/CYO Youth Ministry Coordinator. My son(s)/daughter(s) will be under the supervision of the authorized parish personnel. Finally, I will not hold the Diocese of Austin, Church of the Visitation, the personnel, or volunteers liable in the event of injury.

Furthermore, I grant permission for non-prescriptive medication and routine non-surgical medical care to be given to my child if deemed advisable by the supervising parish personnel. In case of an emergency, I also grant permission to transport my child to the nearest hospital for emergency medical or surgical treatment. I relieve the Diocese of Austin, Church of the Visitation, the personnel and volunteers of all responsibility and consequence that may arise as a result of this treatment. I will be contacted as soon as possible and will be advised prior to any further treatment by the hospital doctor.

Signature

Date

Student(s) Information

- | | |
|--------------------------|--------------|
| 1. Student's Name: _____ | Grade: _____ |
| 2. Student's Name: _____ | Grade: _____ |
| 3. Student's Name: _____ | Grade: _____ |
| 4. Student's Name: _____ | Grade: _____ |
| 5. Student's Name: _____ | Grade: _____ |

Parent/Guardian's Phone Numbers: _____

Medical and Emergency Information

Please note specific medical problems and/or allergies:

In case of emergency, notify (include two names with phone numbers):

Name: _____	Phone: _____
Name: _____	Phone: _____
Physician: _____	Phone: _____

Insurance Carrier/Policy Number: _____

If participant(s) has no insurance, cash payment in full for the necessary medical care is the responsibility of the parent or legal guardian.