Church of the Visitation
Religious Education Program
2016-2017 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 2016-2017 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.