

**Church of the Visitation
Religious Education Program
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 for the 2021-2022 academic year. I understand that this program will take place on the parish grounds or away at locations chosen by the Religious Education 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 and Date: _____

Student(s) Information

1. Student's Name: _____ Grade: _____

2. Student's Name: _____ Grade: _____

3. Student's Name: _____ Grade: _____

4. Student's Name: _____ Grade: _____

Parent/Guardian's Phone Number: _____

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 on the parent or legal guardian.