

Event: Catechesis of the Good Shepherd 2022-2023 Dates: September 2022- May 2023 Location: St. Augustine  
Student(s) Name: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**PARISH PARENTAL CONSENT/LIABILITY WAIVER/MEDICAL RELEASE**

I, \_\_\_\_\_, agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the above named parish/school, its officers, directors, employees and agents, and St. Augustine/St. Edward, its employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish/school, its officers, directors and agents, and St. Augustine/St. Edward, its employees and agents and chaperones, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/school.

**IMAGE WAIVER:** I understand and agree that any photograph, video and internet site image of me during this event may be used for promotional purposes.

**EMERGENCY MEDICAL TREATMENT:** In the event of an emergency, I give permission to transport my child to a hospital for medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital.

**EMERGENCY CONTACT:** In the event of any emergency, if you are unable to reach me at the above numbers, contact:

\_\_\_\_\_  
Alternative contact name (printed) Relationship Work Phone Cell Phone

Medication my child is taking at present: \_\_\_\_\_. My child will bring all such medications necessary, and such medications will be well-labeled and in original containers. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage is as follows:

\_\_\_\_\_  
\_\_\_\_\_

Family Health Plan Carrier \_\_\_\_\_ Policy #: \_\_\_\_\_

Family Doctor \_\_\_\_\_ Clinic \_\_\_\_\_ Phone Number \_\_\_\_\_

The undersigned parent/guardian hereby consents that St. Augustine/St. Edward be permitted to use and publish for advertising, commercial or publicity purposes, the photograph or video of my child for lawful purpose and the undersigned parent guardian does hereby release St. Augustine/St. Edward from any liability in connection with such use.

**As Parent or Guardian, I agree to all of the above stated considerations and conditions.**

**SIGN HERE** Signature \_\_\_\_\_ Date \_\_\_\_\_

**MEDICAL INFORMATION:** Specific Medical Information: St. Augustine/St. Edward will take reasonable care to see that the following information will be held in confidence.

- Allergic reactions (medications, foods, gluten intolerance, plants, insects, etc.) \_\_\_\_\_
- Date of last tetanus/diphtheria immunization \_\_\_\_\_
- Does your child have a medically prescribed diet? \_\_\_\_\_
- Any physical limitations? \_\_\_\_\_
- You should also be aware of these special medical conditions of my child: \_\_\_\_\_

I hereby grant permission for non-prescription medication (such as non-aspirin products, i.e. acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to me child, if deemed advisable.  YES or  NO

**SIGN HERE** Signature \_\_\_\_\_ Date \_\_\_\_\_