

Saint Mary's Parish Religious Education Program
Medical Release Form VBC 2017

Student Name: _____ Date of Birth: _____

Parent's Name: _____ Home Phone: _____ Cell #1: _____

Complete Address: _____ Cell #2: _____

EMAIL address: _____

Confidential Medical Information and release of liability

In case of emergency, when parents cannot be reached, contact:

Name: _____ Relationship: _____

Emergency phone: _____

Child's Physician: _____ Phone: _____

Does your child have any learning, physical, medical, or psychological challenges
(If Yes, please indicate any medications that they may need.)

Does your child take any medication on a regular basis? If yes, state kind/reason.

Does your child have any allergies (bee stings, foods, medication)? _____

Are there any activity restrictions for your child? _____

I give my full consent to the Saint Mary's Parish Staff to engage any medical professionals to administer emergency medical treatment, if deemed necessary, to my son/daughter in the event of an unforeseen injury or illness or suspect injury. For myself, my family members, and my son or daughter, I agree to indemnify and hold harmless Saint Mary's Parish, its employees and volunteers, and the Archdiocese of Philadelphia, harmless from and against all liabilities, injuries, expenses and claims arising out of any connection with or participation in such activities.

Hospital Preference: _____

Medical Insurance Co: _____

Policy # _____ Group # _____

I have carefully read and fully understood the medical information and release of liability, stated herein and subject to all of the above, I agree to my own and my son's/daughter's participation in Saint Mary's Religious Education Program, and accept the terms and conditions as stated.

Parent/Guardian Signature: _____ Date: _____

A Separate form is needed for each student