

Family Doctor

Phone Number

Family Dentist

Phone Number

Family Health Plan Carrier

Policy Number/Subscriber ID

### Alternative Emergency Contacts

Primary Emergency Contact

Secondary Emergency Contact

Home Phone

Work Phone

Home Phone

Work Phone

Parent Signature

Date

- My child is taking medications on a regular basis or has other medical issues that are important to know in an emergency situation.
- My child has allergies: \_\_\_\_\_  
(please add any food allergies also.)

EXPLANATION:

### Permission Waiver and Release

#### Consent for Treatment Form for Diocesan Activity/Event

To the Parent/legal guardian: This is an agreement releasing the sponsoring organization from any claims that the parents/guardians may have against the organization before, during and after the activity/event. This form is also authorization for the adult supervisor to consent to any medical care needed by the minor, if the situation should arise.

This agreement releases the ROMAN CATHOLIC BISHOP OF STOCKTON CALIFORNIA, A CORPORATION SOLE, also known as the DIOCESE OF STOCKTON which will be referred to as the DIOCESE OF STOCKTON throughout this document, from any claims that the parent/guardian may have against the DIOCESE OF STOCKTON.

Activity: Religious Education classes

Parish: All Saints Parish, Twain Harte

Dates: Sunday Mornings

Time: 9:30am to 10:45am

Location: Cottages #3, Cottage #4, and Parish Hall and DRE Office, 18674 Cherokee Drive, Twain Harte, CA

I \_\_\_\_\_ parent or legal guardian of \_\_\_\_\_ (name of child) hereby give permission for my child to participate in the activity named above. I agree to direct my child to cooperate and conform to directions, instructions, and rules established by catechists, chaperones, parish, or diocesan personnel responsible for the above mentioned activity.

In exchange for permitting my child to participate in the above named activity, to the extent permitted by law, I waive all claims for damages which I have, or which may hereafter accrue to me or my child against the DIOCESE OF STOCKTON, for death, personal injuries, and losses or injuries to property, real or personal, caused by or arising out of the above named activity/event. It is further understood and agreed that this agreement, waiver and release is to be binding on my successors, heirs and assigns.

In addition, to the extent permitted by law, I release and discharge in advance the DIOCESE OF STOCKTON and its officers, agent, and employees, from any and all liability relating to the above named activity.

This waiver and release form is signed in order to participate in the above named event for my child's own personal enjoyment and benefit and is done so freely with full knowledge of the risk and dangers that are or may be involved. I, the undersigned, have read this release and understand all of its terms. I execute this voluntarily and with full knowledge of its significance. I have discussed the above with my child and he/she is aware of and understands the importance of following all rules set out by the supervisors.

Photo Release: I hereby grant All Saints Church & St. Joseph's Mission permission to post appropriate photos of my child framed in the parish, on the parish website, social media, and promotional flyers and in the bulletin. I waive any right that I may have to inspect or approve the finished product or written copy, that may be used in conjunction therewith, or the use to which it may be applied. (Parent Initial)

Name of Parent's/Guardian's(print)

Date

Parent's/Guardian's Signature

Home Phone Number

Emergency Number