

DIOCESE OF RENO

PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Religious Education Program of _____ Parish

Child's Name: _____ Grade: _____

Birth Date: _____ Sex: Male Female

Parent/Guardian's names: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Mom's Cell: _____ Dad's Cell: _____

We hereby grant permission for our child, _____, to participate in the religious education program of the above named Parish under the guidance and direction of employees and/or volunteers from the Parish. As parents and/or legal guardians, we remain legally responsible for any actions taken by the above named minor.

MEDICAL MATTERS

We hereby warrant that to the best of our knowledge, our child is in good health, and we assume all responsibility for the health of our child, including responsibility for all hospital, emergency or doctor bills that may be incurred by our child.

Of the following statements pertaining to medical matters, check only those that are applicable.

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name & relationship: _____ Phone: _____

Family Doctor: _____ Phone: _____

Family Health Plan: _____ Policy #: _____

Other Medical Treatment: In the event it comes to the attention of the Parish, its officers, directors, employees, agents, volunteers or representatives, or the Diocese of Reno, its employees, agents and volunteers, that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, or allergic reactions, I want to be called.

Medications:

My child is taking medication at present. My child will bring all medications necessary and such medications will be well-labeled. Names of medications and concise directions for seeing that my child takes such medication, including dosage and frequency of dosage, are as follows:

Subsequent Changes listed here [note year(s)] _____
