

Medicine changes continued: _____

No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life threatening and emergency treatment is required.

I hereby grant permission for non-prescription medication (such as aspirin, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Specific Medical Information: The Parish will take reasonable care to see that the following information will be held in confidence.

Allergic reaction (medications, food, plants, insects, etc.): _____

Immunizations: Date of last tetanus/diphtheria immunization: _____

Does the child have a medically prescribed diet or is he or she vegetarian/vegan? If yes, explain: _____

Any physical limitations? _____

Is the child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, fainting or the like? _____

Has the child recently been exposed to contagious diseases or conditions, such as mumps, measles, chicken pox, etc.? If so, date and disease or condition: _____

You should be aware of these medical conditions of my child: _____

I consent to my child's picture/image being used: digitally, online, or in print, with their name. YES NO

I consent to my child's picture/image being used: digitally, online, or in print, if name is withheld. YES NO

LIABILITY WAIVER

I grant permission for my child to participate in the above referenced parish religious education program, including transportation to and from any activities or events held off site; and in consideration of my child being allowed to participate in the same, on behalf of myself and my child and his or her heirs, assigns and legal representatives, **I hereby indemnify, defend, protect, hold harmless, waive, release and discharge the Parish and its affiliate organizations, including the Diocese of Reno, their employees, volunteers, agents, officers and directors (collectively, the "Releasees") from all liability for any and all loss or damage, and claims or demands therefor on account of any harm or injury to the person or property of my child or resulting in death of my child, whether caused in whole or in part by the negligence of the Releasees or otherwise**, while my child is participating in the Parish religious education program, whether on or off Parish property.

THIS RELEASE MUST BE SIGNED BY BOTH PARENTS OR LEGAL GUARDIANS. If only one parent signs this document, that parent warrants to the Parish and to the Diocese that he/she is the sole custodial parent of the above referenced child with sole authority to sign this waiver and release form.

Signature of Parent or Legal Guardian: _____ Date: _____

Signature of Parent or Legal Guardian: _____ Date: _____