

Family Name \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
(Please Print)

## Release and Discharge of Liability Medical Release and Permission Grades K - 12

I/We, the parent(s)/guardian(s) of: 1) \_\_\_\_\_, 2) \_\_\_\_\_  
Child & Grade Child & Grade  
3) \_\_\_\_\_ 4) \_\_\_\_\_ 5) \_\_\_\_\_  
Child & Grade Child & Grade Child & Grade

allow my son(s)/daughter(s), (list each child) \_\_\_\_\_

\_\_\_\_\_ to participate in St. Joseph Religious Education (elementary, middle school & high school) programs and in all related projects and activities. In consideration of making these arrangements for the religion program, I/we hereby release and save harmless St. Joseph Church, its employees, and volunteers from any and all liability for any injury resulting from involvement in the Religious Education or any related project or activity. In consideration for permitting my child(ren) to participate in this activity, I/we \_\_\_\_\_ agree on behalf of my/our child(ren) \_\_\_\_\_

\_\_\_\_\_ and myself, our heirs, assigns, executors and personal representatives to release and hold harmless St. Joseph Church, the Roman Catholic Archdiocese of Kansas City in Kansas, their officers, directors, agents, employees, chaperones and official representatives from any all liabilities, claims, loss or damages arising from or in connection with my/our child's(ren's) participation in St. Joseph Religious Education classes and activities. To the best of my(our) knowledge, my(our) child(ren) is/are in good health and physically able to participate in this program.

In order to meet all legal requirements, I/we also give my permission for (list each child) \_\_\_\_\_

to be treated by a qualified medical doctor in the case of medical emergency.

My/Our child(ren) may receive over the counter medications. Yes No (Circle one.)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent(s)/Guardian(s)

Parent(s)/Guardian(s) \_\_\_\_\_ Phone # \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Policy number: \_\_\_\_\_

Subscriber's name: \_\_\_\_\_

Allergies or other pertinent medical information: (ADD, epilepsy, asthma...) \_\_\_\_\_

Medications taken on a regular basis: \_\_\_\_\_

Emergency contact phone numbers:

1) \_\_\_\_\_  
Name Phone # Relationship to child(ren)

2) \_\_\_\_\_  
Name Phone # Relationship to child(ren)