

Parent Permission Form for PSR/Junior High Youth Sessions/Senior High Youth Sessions Confirmation Sessions through Holy Family Catholic Church

I, _____ hereby give my permission for my son/daughter _____ to participate in religious education at Holy Family Parish. I understand there is a risk of injury involved in any activity. I agree that I will not hold the parish, school or organization named above or the Diocese of Kansas City-St. Joseph responsible for any injuries that my child might incur while participating in this event. In an emergency, if I cannot be contacted, I hereby authorize that emergency treatment be administered.

I understand my said child(ren) need to conduct themselves in a christian manner at all times while in the custody of the Religious Education Coordinators and while on the grounds of Holy Family Catholic Church. As a family we agree to enforce the respect of church property, the respect of the people leading the religious education and the others peers. We understand if there are problems with rule breaking, it may result in termination of the child(ren) attending the religious education offered at Holy Family Catholic Church.

Consent for Disclosure to Individual Involved in the Care and Treatment of Youth

For the duration of the 2008-2009 Religious Education year, I/We grant to Holy Family Catholic Church and its agents the following powers, to be used for the benefit of and on behalf of Minor (check all those that apply) :

I _____ to receive any and all individually identifiable health information about the past, present and future medical condition of Minor, including but not limited to information necessary to the care and treatment of Minor and any illness or injury Minor may have sustained;(You have disclosed all information needed for the Religious Education Coordinators to be able to teach your child(ren) to the best of our ability and to the child(ren)'s best ability).

I _____ to authorize medical care for Minor, including, but not limited to, any and all treatment, examination, diagnosis or outpatient medical care rendered under the general or special supervision of and on the advice of any physician or surgeon licensed to practice medicine by the applicable licensing body in the state in which physician or surgeon practices. (You will allow the Religious Education Coordinators to bandage a wound if your child gets injured)

I/We understand that the parish/diocese will not be liable to me/us or any of my/our successors in interest for any action taken or not taken in good faith. Please PRINT the following information

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____

Home Phone: _____ Work: _____ Cellular: _____

Other contacts in case of injury or illness: _____

Name: Phone(s): _____

Name: Phone(s): _____

Any medications your child is currently taking: _____

Child's allergies or other known diseases, disorders, or disabilities: _____

Physician's Name: _____

Address: _____

Phone(s): _____

This form will be kept on file for one year