

**WAIVER, RELEASE, AND MEDICAL INFORMATION
REACH (Deanery High School Religious Education Program)
Catholic Diocese of Evansville**

Youth's Name _____ Age _____ Grade _____

Parish Church Holy Redeemer Catholic Church City Evansville

REACH Event Daughters of Charity Dates _____

I/We, the parent(s) of the above named youth, hereby give my/our approval for his/her participation in the above event. I/We assume all risks and hazards incidental to the conduct of their activities and transportation to and from the event. I/We do further hereby waive, release, absolve, indemnify and hold harmless the Bishop of the Catholic Diocese of Evansville.

Holy Redeemer Catholic Church Parish, Rev. Paul Ferguson, Pastor and any of their respective affiliates, successors, agents, employees, members, and representatives, adult sponsors, and other volunteers involved in the activities and transportation associated with the event from any and all claims, including claims of personal injury to my/our youth or property damage, under any theory of law (including negligence, but not reckless or intentional conduct) in any way resulting from or arising in connection with the activities and/or transportation to and from the event.

Father's Signature X _____ Date _____

Mother's Signature X _____ Date _____

(Guardian's Signature X _____ Date _____)

EMERGENCY INFORMATION

Family Name _____ Phone _____

Address _____ City _____ ST _____ Zip _____

Contact Father at _____ Phone _____

Contact Mother at _____ Phone _____

Contact Guardian at _____ Phone _____

If Guardian cannot be reached, call:

Name _____ Phone _____

Name _____ Phone _____

Family Physician _____ Phone _____

Hospital Preference _____ Phone _____

Parents living together? Yes _____ No _____ With whom does the child live? _____

- Is there anyone who by court order or decree is designated as the primary or sole custodial parent?
Yes _____ No _____ If yes, name _____

- NAME anyone who has been restrained from picking up the child? _____

I understand it is my responsibility to keep the Director/Coordinator of Religious Education or Catechist informed about such matters and to provide copies of relevant court orders and decrees to officials.

MEDICAL INFORMATION

List any chronic or existing disease or medical problems (e.g. diabetes, epilepsy):

List any instructions for care of the above if it becomes necessary at school:

List any medications your child is taking on a regular basis: (SEE BELOW)

In case of accident or serious illness I request the Director/Coordinator of Religious Education or Catechist to contact me. If I cannot be reached, I hereby authorize the Director/Coordinator of Religious Education or Catechist to make whatever arrangements the circumstances allow.

It is understood and agreed that neither the Parish, Director/Coordinator of Religious Education or Catechist, nor the Catholic Diocese of Evansville is the insurer of my child's health and safety while he/she is at the REACH high school religious education program. I understand it to be my obligation to provide such insurance as I may desire to purchase to protect myself and my child against the costs of sickness or injury.

If the above named child needs emergency medical treatment, and neither a parent nor the designated family physician can be contacted, consent is hereby granted for such emergency treatment as may be considered necessary in the opinion of the attending physician.

Father or Guardian's Signature X _____ **Date** _____

Mother or Guardian's Signature X _____ **Date** _____

**AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATION
BY AUTHORIZED PERSONNEL**

I HEREBY AUTHORIZE PERSONNEL TO ADMINISTER MEDICATION AS INDICATED TO:

Name of Youth _____ Grade _____

Director/Coordinator of Religious Education or Catechist _____

Rx Number _____ Name of Medication _____

Directions _____

Doctor _____ Phone _____ Pharmacy _____

Time medication is given at home: _____ Time medication is to be given at the event: _____

I UNDERSTAND THAT MY SIGNATURE RELIEVES THE PARISH PERSONNEL OF ANY AND ALL LIABILITY RELATED TO THE ADMINISTRATION OF THE PRESCRIBED MEDICATION.

Signature of Parent/Guardian X _____ **Date** _____

Phone number where you may be reached during event: _____