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 Pastoral Associate or Catechist to contact me. If I cannot be reached, I hereby authorize the Pastoral Associate or Catechist to make whatever arrangements the circumstances allow. It is understood and agreed that neither the Parish, Pastoral Associate or Catechist, nor the Catholic Diocese of Evansville is the insurer of my child's health and safety while he/she is in class. 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 Pastoral Associate or Catechist Anne M. Stofleth-Martin Rx Number _____ Name of Medication _____ 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.

Phone number where you may be reached during event:

Signature of Parent/Guardian X _______ Date ______

WAIVER, RELEASE, AND MEDICAL INFORMATION

Holy Redeemer Catholic Church Religious Education Students Catholic Diocese of Evansville

outh's Name		Age	Grade
arish Church	Holy Redeemer Catholic Church	City	Evansville, Indiana
etreat Event	NA	Dates _	August 13, 2023 – May 5, 2024
event. I/We as from the event	at(s) of the above named youth, hereby give sume all risks and hazards incidental to the . I/We do further hereby waive, release, ab ese of Evansville.	conduct of the	ir activities and transportation to and
any of their res and other volu claims, includi (including neg	parish, spective affiliates, successors, agents, employed in the activities and transport reckless or intentional conditional conditions and transport at the activities and/or transportation to and	oyees, member ortation associate the or property of duct) in any wa	s, and representatives, adult sponsors, ted with the event from any and all lamage, under any theory of law y resulting from or arising in
Father's Signa	ture X		
Mother's Signs	ature X		Date
			Date
(Guardian's Si	gnature X		Date
	EMERGENCY IN		
omily Nomo		Dhono	
ddress	City	1 none _	ST Zin
ontact Father at		Phone	
	t		
	at		
	ot be reached, call:		
ame		Phone _	
lospital Preferen	ce	Phone _	
arents living tog	ether? Yes No With wh	om does the ch	ild live?
•	who by court order or decree is designated No If yes, name		<u>*</u>
	who has been restrained from picking up th		

I understand it is my responsibility to keep the Pastoral Associate or Catechist informed about such matters and to provide copies of relevant court orders and decrees to officials.