

PARENT AUTHORIZATION

Allergies (food et al) or other known diseases, disorders or disabilities, special circumstances we should be aware of, activities to be avoided. Please indicate child's name: _____

Your parish has adopted the following procedures in caring for your child when he/she becomes ill or injured at Religious Education class. **In certain cases of extreme emergency, an ambulance may be called immediately.** In most cases of emergency and/or need of medical/hospital care:

1. The DRE/Catechist/Youth Minister will call home.
2. If there is no answer at the home, the DRE/Catechist/Youth Minister will call the place of employment of the mother, father or guardian.
3. If there is no answer at the workplace, the DRE/Catechist/Youth Minister will call the other numbers listed and the physician.
4. If there is no answer at these numbers, the DRE/Catechist/Youth Minister will call an ambulance, if necessary, to transport the child to a local medical facility.
5. Based upon the medical judgment of the attending physician, the child may be admitted to a local medical facility.
6. The DRE/Catechist /Youth Minister will continue to call the parent, guardian or physician until contact is made.

For parents: I give my permission for my child to take part in the St. Elizabeth Ann Seton Religious Education Program. In consideration of the opportunity for my child to participate and fully recognizing that such an undertaking involves an element of risk, we assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify, and agree to hold harmless the Archdiocese of Seattle, St. Elizabeth Ann Seton Parish, its agents, employees, and officers, and the chaperones, leaders, organizers and sponsors, and persons transporting our child to and/or from these activities. Neither the Archdiocese of Seattle, St. Elizabeth Ann Seton, nor any of said persons shall be held financially responsible for any injury, illness, or death incurred as a direct or indirect result of this activity.

✱ I give permission for my child/children to appear in any publications for the purpose of telling of activities happening at St. Elizabeth Ann Seton Parish. I understand that these publications might include parish information or promotional brochures, pictures, newsletter articles, webpage articles, relating to Parish Activities. Yes No

If I cannot be reached, I request that the DRE/Catechist/Youth Minister act in the best medical interests of my child and I agree to assume all expenses for moving and medically treating him/her. I also hereby consent to any treatment, surgery, diagnostic procedures or the administration of anesthesia that may be carried out based on the medical judgment of the attending physician.

I, the undersigned, have read this release and understand all its terms and execute it voluntarily and with full knowledge of its significance.

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

If parent/guardian cannot be reached, contact:
(Please include Area Code with phone numbers)

1) _____ Phone:(_____) _____

2) _____ Phone:(_____) _____

Doctor's Name: _____ Phone:(_____) _____