



**ST. JAMES THE APOSTLE CATHOLIC CHURCH  
FAITH FORMATION**

**Parental Permission, Health Authorization, Release Form**

Child's Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Birth Date \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Cell phone \_\_\_\_\_ Email \_\_\_\_\_

**IN CASE OF EMERGENCY, PLEASE NOTIFY:**

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Cell phone \_\_\_\_\_ Email \_\_\_\_\_

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**HEALTH AND MEDICAL INFORMATION**

Family Physician \_\_\_\_\_

Clinic/Hospital and Address \_\_\_\_\_

Phone \_\_\_\_\_

Medical Plan \_\_\_\_\_ Plan Number \_\_\_\_\_

Do you authorize the adult leader to authorize medical treatment for your child in an emergency, as considered necessary by the attending physician? Yes \_\_\_\_ No \_\_\_\_

State any reasons why you do not want medical care given to your child in an emergency:

\_\_\_\_\_  
\_\_\_\_\_

List all conditions (such as allergies, seizures) for which your child requires ongoing medication and state the type and frequency of medication given: \_\_\_\_\_  
\_\_\_\_\_

Has your child had difficulty with the following (circle all that apply):

Asthma    Fainting Spells    Convulsions    Diabetes    Heart    Eyes    Ears    Nose

Throat    Lungs    Digestion    Menstrual Problems

Other \_\_\_\_\_

List any physical restriction or restriction for any activity on the basis of medical condition:

\_\_\_\_\_

State the date of your child's last physical examination: \_\_\_\_\_

## Parental Permission and Acknowledgement of Conditions for Participation in Program

1. I/we, parent or authorized guardian of the child named above give permission for his/her participation in the St. James the Apostle Catholic Church Faith Formation/CCD Classes and Events for school year 2020-2021, and all related activities, including but not limited to transportation to and from all classes and events. Please refer to the CCD Schedule of Classes and Events for school year 2020-2021.
2. I/we agree to direct my/our child to cooperate and comply with reasonable directions and instructions from the St. James the Apostle CCD staff or adult volunteer leaders.
3. I/we agree to be responsible for all medical expenses relating to injury of my/our child as a result of his/her participation in all of its classes and events for school year 2020-2021, whether or not caused by the negligence of parish, Faith Formation/CCD program employees, agents or volunteers or other participants.
4. I/we understand that youth participating in all CCD classes and events risk injury to the body, psyche or property damage to themselves and others. Such injuries can be caused by other persons or accidentally or intentionally self-inflicted, faulty equipment or facilities, conditions of recreational facilities, vehicle accidents while in transport or through the activity itself.

### Release and Waiver of Liability and Indemnity Agreement

In consideration for being permitted to participate in all of the St. James the Apostle Catholic Church Faith Formation/CCD Classes and Events for school year 2020-2021, use of the equipment provided and to enter the premises or facilities of St. James the Apostle Catholic Church, Mother Teresa Education Center and other venues specified for specific events on the schedule, for any purpose including observation and participation in activities, the parent or guardian for him or herself and any successors in interest and on behalf of the minor child agrees:

1. To release, waive, discharge and promise not to sue St. James the Apostle Catholic Church, and its affiliated entities, its officers, directors, employees, agents and volunteers (hereafter referred to as "Releasees") from all liability for any loss or damage, and any claim or demands therefore on account of serious or mortal injury to the body, injury to psyche or property of the minor child, or undersigned parent or guardian, whether caused by negligence or other conduct by the Releasees while the minor child, parent or guardian is participating in this event or in, upon or about the premises of St. James the Apostle Catholic Church, Mother Teresa Education Center and other venues specified for specific events on the schedule or any of its facilities or equipment.
2. To indemnify and hold harmless the Releasees from any loss, liability, damage or cost it may incur due to the presence of the minor child, parent or guardian in, upon or about the premises of St. James the Apostle Catholic Church, Mother Teresa Education Center and other venues specified for specific events on the schedule, its facilities or equipment, or while participating in any Faith Formation/CCD classes, events and activities whether caused by the negligence of Releasees or otherwise.
3. That the parent or guardian has read this Agreement, voluntarily signs the Agreement and that no oral representations, statements or inducements apart from the contents of this written Agreement have been made. I have read this Agreement and understand everything written above.

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Signature of Parent/Guardian

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Date

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Name of Parent/Guardian