

Student Name: (Continued from front page)

Student with special Need - Please give us the following information:		
1 DOB: ____/____/____	<input type="checkbox"/> Special Need Specify: <input type="checkbox"/> Allergy	Additional Comments:
2 DOB: ____/____/____	<input type="checkbox"/> Special Need Specify: <input type="checkbox"/> Allergy	Additional Comments:

Diocese of Fresno Parish Consent for Emergency Medical Treatment, Parish Activities Permission and Release of Liability

I, the undersigned parent or guardian, voluntarily give permission for and request that my child be allowed to attend and participate in parish-sponsored events and activities during this calendar year including those conducted off parish grounds. My child is physically fit and capable of participation in parish events and activities. I agree to direct my child to cooperate and conform to directions, instruction and rules given by parish personnel or agents, chaperons, or diocesan personnel responsible for all parish events and activities. If requested, I will sign a Permission and Release form for each specific event or activity conducted off parish grounds. I reserve the right not to have my child participate in parish-sponsored events. I understand that participation in parish-sponsored events, activities, including those off parish grounds, involve some risk (including any travel to and from these events or activities), and that unforeseen events can occur. I am informed and agree that transportation, if involved may be provided by parents, other private individuals, or commercial operators who are believed to be reliable and insured, but are not under the supervision or control of the parish. In exchange for permitting my child to participate in the parish's activities, I waive and give up all claims (and the right to file a lawsuit) which I or my child (and or successors, heirs, and assigns) may have against the parish and Diocese of Fresno. I release and discharge the parish and Diocese of Fresno from all liability or responsibility from death, illness, personal injury, or property damage arising out of the parish activity. In the event of an emergency, and if the parish is unable to contact me, I authorize parish personnel or other adult leadership of a parish-sponsored even or activity, at my expense, to secure and consent to x-ray examination, medical, dental, or surgical diagnosis, treatment, and hospital care advised and supervised by a duly licensed physician, surgeon, or dentist. I expect to be contacted as soon as possible. I agree that if emergency medical or dental services are required for my child, the Diocese of Fresno will not be responsible to pay for any medical or dental expenses. This permission, waiver, release, and consent applies to the parish named. The Roman Catholic Bishop of Fresno (a corporate sole), Diocese of Fresno, Diocese of Fresno Education Corporation, all Diocese of Fresno schools, all parishes, affiliated organization, and their officers, clergy, agents and employees. This waiver and release form is signed in order for my child to participate in parish events and activities for my child(s) own personal enjoyment and benefit and is done so freely with full knowledge of the risk and dangers that are, or may be involved. I authorize any hospital, which has provided treatment to the above named minor pursuant to the provisions of Family Code section 6910 to surrender physical custody of such minor to the diocesan or parish representative upon the completion of treatment. This authorization is given pursuant to Health and Safety Code section 1283.

I, the undersigned, have read and received a copy of this release and understand all of its terms. I request that my child be allowed to participate in the parish events and activities. I execute this form voluntarily and with full knowledge of its significance. I have discussed the above with my child(ren) and he/she/they is/are aware of and understand the importance of following all rules set out for the parish events, activities, or sports. A copy of this release shall be as valid as the original authorization and may be given to the adult leader of the event, activities, or sports.

Parent Name: _____ Date: _____ Parent Signature: _____

INSURANCE INFORMATION:

Insurance Carrier:	Policy/Group/ID Number:
Family Physician:	Phone Number:
Family Dentist:	Phone Number:

EMERGENCY CONTACTS: Please list at least two local alternate contacts in case of emergency:

Name:	Cell/Work/Home Phone: (Please circle)
Name:	Cell/Work/Home Phone: (Please circle)