

EMERGENCY NOTIFICATION AND RELEASE OF LIABILITY FORM

RELIGIOUS EDUCATION

ST. MARY CATHOLIC CHURCH, WIMBERLEY, TX

Complete one form per child

If you would like St. Mary to notify you by **text message** in the event of bad weather or some other reason that Religious Education classes are cancelled in the future, please sign and date this form to give your permission for this service.

Your child's name: _____

Parent cell phone #: _____ Cell phone: Sprint Verizon AT&T T-Mobile

Home phone #: _____

Name of Parent or Legal Guardian: _____

Parent or Legal Guardian signature: _____ Date _____

St. Mary Catholic Church Release and Liability Form

Emergency Information, Release, and Authority to Seek Treatment

We require a completed medical and liability release form to be on file for any child participating in a Parish sponsored event in the unlikely event of serious injury or accident requiring medical treatment. This release gives us permission to transport your child to the nearest available medical facility in either a private vehicle or an emergency response vehicle and to authorize medical treatment for your child.

I hereby give the Catholic Diocese of Austin and its participating parish, St. Mary Catholic Church, activity sponsors, or lay personnel permission to act on my behalf to seek emergency treatment for my child in the event that such treatment is necessary. The mentioned parties may transport or authorize transport of my child if necessary. I give permission to those administering emergency treatment to do so using the measures deemed necessary and in the best interest of my child. I absolve the named parties and persons from liability in acting on my behalf in this regard.

Child's Full Legal Name: _____
First Middle Last

Parent or Legal Guardian Name: _____

Parent or Legal Guardian Signature: _____ Date _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home phone #: _____ Father or Legal Guardian Cell #: _____ Mother Cell #: _____

Alternate Adult Emergency Contact (if we cannot reach parents/guardian): _____

Alternate Adult Emergency Contact (if we cannot reach parents/guardian) phone #: _____

Child's date of birth: _____

Family Physician: _____ Physician's Phone: _____

Preferred Hospital: _____

Allergies: _____ Chronic Conditions: _____

Current Medications: _____