

DIOCESE OF ORLANDO PERMISSION FORM AND RELEASE OF LIABILITY FOR BLESSED SACRAMENT CHURCH

I am the parent/guardian of _____, I give my permission for my child to attend Religious Education classes on Blessed Sacrament Church property. By granting permission, I also waive any claims against, and release and hold harmless, Blessed Sacrament Church, the Diocese of Orlando, and any of their religious, employees, volunteers, agents and representatives, from any harm that occurs to my child while participating in Faith Formation classes at Blessed Sacrament.

In the event my child requires medical treatment or transportation for medical care, Blessed Sacrament Church will attempt to contact me at the number(s) listed below. If they are unable to reach me, Blessed Sacrament may contact the designated emergency contact at the number(s) listed below. If the chaperones, volunteers, or other adult supervisors are unable to reach the designated emergency contact, I authorize them to take appropriate measures to provide care and treatment for my child, to transport my child the nearest emergency room or physician's office, or to call an emergency paramedic ambulance service.

Parent/Guardian's Signature _____ Date _____

Parent/Guardian (Print Name)

Emergency contact (Print Name)

Phone Numbers:

Phone Numbers:

Home: _____

Home: _____

Cell: _____

Cell: _____

Work: _____

Work: _____

MEDICAL INFORMATION: Please provide any additional, specific information about your child that you feel we need to know.

Child's Name: _____

Allergies: _____

Chronic or Acute Illnesses: _____

Medication Presently Being Taken: _____

Other Facts We Should Know _____

I acknowledge that all of the information provided is true and correct and will only be disclosed to the volunteers, or other adult supervisors and any medical providers as needed.

Parent/Guardian Signature

Date