

**WAIVER, RELEASE, AND MEDICAL INFORMATION  
CATHOLIC DIOCESE OF EVANSVILLE**

Youth's Name(s) \_\_\_\_\_

Event: **Tuesday, Released Time Program and/or Wednesday Religious Education Program**

Date(s) of Event **2013-2014 Religious Ed Program**

I/We, the parent(s) of the above named youth(s), hereby give my/our approval for his/her participation in the above event. I/We assume all risks and hazards incidental to the conduct of the activities and transportation to and from the event. I/We do further hereby waive, release, absolve, indemnify, and hold harmless the Bishop of the Catholic Diocese of Evansville, St. Mary Catholic Church, Pastor and any of their respective affiliates, successors, agents, employees, members, and representatives, adult sponsors, and other volunteers involved in the activities and transportation associated with the event from any and all claims, including claims of personal injury to my/our youth or property damage, under any theory of law (including negligence, but not reckless or intentional conduct) in any way resulting from or arising in connection with the activities and/or transportation to and from the event.

Parent/Guardian Signature X \_\_\_\_\_ Date \_\_\_\_\_

**EMERGENCY INFORMATION**

In case of emergency:

Contact Father at \_\_\_\_\_ Phone \_\_\_\_\_

Contact Mother at \_\_\_\_\_ Phone \_\_\_\_\_

Contact Guardian at \_\_\_\_\_ Phone \_\_\_\_\_

If Guardian cannot be reached, call:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

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

Name of Family Insurance Carrier/Phone #: \_\_\_\_\_

Policy # of insurance policy \_\_\_\_\_

Is there anyone who by court order or decree is designated as the primary or sole custodial parent?  
\_\_\_\_\_

Name anyone who has been restrained from picking up the child \_\_\_\_\_

**I understand it is my responsibility to keep the religious education staff informed about such matters and to provide copies of relevant court orders and decrees to officials.**

**MEDICAL INFORMATION**

List any chronic or existing disease or medical problems (e.g. diabetes, epilepsy):

List any instructions for care of the above if it becomes necessary during released-time:

List any medications your child is taking on a regular basis:

In case of accident or serious illness I request the Director of Religious Education to contact me. If I cannot be reached, I hereby authorize the Director of Religious Education to make whatever arrangements the circumstances allow.

It is understood and agreed that neither the Parish, Director of Religious Education, nor the Catholic Diocese of Evansville is the insurer of my child's health and safety while he/she is at youth functions or engaged in supervised activities, including sports. I understand it to be my obligation to provide such insurance as I may desire to purchase to protect myself and my child against the costs of sickness or injury.

If the above-named child needs emergency medical treatment, and neither a parent nor the designated family physician can be contacted, consent is hereby granted for such emergency treatment as may be considered necessary in the opinion of the attending physician.

Parent/Guardian's Signature X \_\_\_\_\_ Date \_\_\_\_\_