



**PARENT/GUARDIAN PERMISSION & LIABILITY WAIVER**

Child's name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Parish/School: \_\_\_\_\_

Parent/Guardian's name: \_\_\_\_\_

Home address: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Student cell phone: \_\_\_\_\_

I, \_\_\_\_\_ grant permission for my child, \_\_\_\_\_  
**PARENT/GUARDIAN NAME** **CHILD'S NAME**

to participate in the following ACTIVITY: Religious Education Classes

Date and Place: September 2025 through May 2026 held at OLMC Parish, 1008 Austin St, Portland, TX 78374

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named minor ("participant"). I would like my CHILD to participate in the above-named ACTIVITY.

**In exchange, and for said consideration, as parent or legal guardian, I agree to defend and fully indemnify the above-named PARISH/SCHOOL and Diocese against any claim which results from the intentional or negligent actions taken of my CHILD during the above-named ACTIVITY. I further agree to fully indemnify and hold harmless the PARISH/SCHOOL and Diocese against any claim or cause of action whatsoever brought by my CHILD or his/her parent/legal guardian against the PARISH/SCHOOL which arose out of the above identified ACTIVITY, regardless of whether such claim results from the negligence of the PARISH/SCHOOL, its employees or volunteers or the negligence of individuals or companies not a party to this agreement.**

Further, for said consideration, I hereby release and discharge the Diocese, its agents, servants, and employees, including the PARISH/SCHOOL, their employee(s), agents and representatives (parties being released) of and from all claims, demands, causes of action, and expenses arising out of or in any way connected with the employee of the PARISH/School.

I certify that I understand this agreement and the risks and hazards associated with the ACTIVITY described above that my CHILD will be participating in. I further understand that I had the opportunity to fully discuss this agreement with a representative of the PARISH/SCHOOL to clarify any concerns or questions about the activity or this agreement that I may have had.

**PHOTO/VIDEO CONSENT:** As a parent/guardian, I understand that photos/video of my child may be taken during this activity. I give permission for the taking of my child's photo or video and for use of the resulting images and video for promotional purposes of the Diocese. This may include the right to use them in print, online, in social media, and in press releases.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## MEDICAL CONSENT

### Medical Matters

I hereby warrant to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. Of the following statements pertaining to medical matters, sign only those in accordance with your wishes:

#### Emergency Medical Treatment

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

In the event of an emergency and you are unable to reach me, contact:

Name & Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

#### Medications:

My child will bring all such medications, well labeled, that are necessary. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency are as follows:

Medication(s): \_\_\_\_\_ Dosage: \_\_\_\_\_

Administer: \_\_\_\_\_

\_\_\_\_\_ I hereby **Do Not Grant Permission** for medication of any type, whether prescription or nonprescription may be administered by my child unless the situation is life threatening and emergency treatment is required. (Please initial)

\_\_\_\_\_ I hereby **Grant Permission** for nonprescription medication (such as Tylenol, throat lozenges, cough syrup) to be given to my child, if deemed advisable. I understand that Aspirin will not be given to my son/daughter. (Please initial)

#### Medical Conditions Information

(Diocesan personnel will take reasonable care to see that the following information will be held in confidence.)

My son/daughter has had an episode of the following or has been diagnosed:  Seizures  Asthma  Diabetic

Allergic reactions to the following (foods, dyes, latex etc.) \_\_\_\_\_

Has had a medical surgery within the last six months? Yes  No  Still under doctor's care? Yes  No

Has a medically prescribed diet? \_\_\_\_\_

The following physical limitations? \_\_\_\_\_

Immunizations current and up to date: Yes  No  Date of last tetanus/diphtheria immunization \_\_\_\_\_

You should also be aware of these special medical conditions of my child: \_\_\_\_\_

#### Insurance Information

(Please attach a copy of the Insurance Card, front and back, with this form)

Insurance Carrier: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

No, I do not carry medical insurance at this time.

In the event it comes to the attention of the chaperones associated with the activity that my child becomes ill with repeated symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called immediately. If this will be a long distance call, I want to be called collect (with phone charges reversed to myself).

I fully understand the foregoing statements and sign this Parental/Guardian Medical Consent Waiver knowingly, freely, and willingly.

\_\_\_\_\_  
Signature (Parent/Guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Participant 18 years of age or older must sign own consent)

\_\_\_\_\_  
Date