



St. Angela's Angels Mother's Day Out Program Emergency Form

Child's Name: _____ Preferred Name: _____

Age as of Sept. 1st: _____ Date of Birth: _____ Sex: _____ Religion and Church: _____

Address: _____ City/State/Zip Code: _____

Home Phone: _____ Email: _____

Mother's Name: _____ Cell #: _____ Email: _____

Father's Name: _____ Cell #: _____ Email: _____

Emergency Contact Information:

1. Name: _____ Phone Number: _____ Relationship to child: _____

2. Name: _____ Phone Number: _____ Relationship to child: _____

3. Name: _____ Phone Number: _____ Relationship to child: _____

Authorized Persons to pick up (Other than Parents)

Name: _____ Phone Number: _____ Relationship to child: _____

Name: _____ Phone Number: _____ Relationship to child: _____

Name: _____ Phone Number: _____ Relationship to child: _____

Name: _____ Phone Number: _____ Relationship to child: _____

****Children will only be released to people listed above. ****

Medical Release Form and Health Information:**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 and I understand that all financial obligations are my responsibility.

In the event of an emergency and you are unable to reach me, I give permission for you to contact the emergency contacts or contact:

Child's Primary Care Physician: _____ Phone Number: _____

Address: _____ Preferred Hospital: _____

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:

My child is taking the following medication at the present time.

Medication(s): _____ Dosage: _____

Administer: _____

____ I hereby **Do Not Grant Permission for** medication of any type, whether prescription or nonprescription my 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: (Archdiocesan personnel will take reasonable care to see that the following information will be held in confidence.)

My son/daughter has:

- Has had an episode of the following or has been diagnosed: ____ Seizures ____ Asthma ____ Diabetic
- Allergic reactions to the following (foods, 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? _____ (Must provide Current Immunization records)
- You should also be aware of these special medical conditions of my child (emotional, physical): _____

Insurance Information: ____ **No, I do not carry medical insurance at this time**

Insurance Carrier: _____ Name of Insured: _____

Insurance Policy Number: _____

Father's Name: _____ Day Time Phone: _____

Mother's Name: _____ Day Time Phone: _____

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

Consent and Liability Waiver

I (name of parent/guardian) _____, grant permission for my child, _____ to participate in St. Angela's Angels Mother's Day Out Program to be held August 2024 through May 2025 at St. Angela Merici Catholic Church.

In consideration of my child's participation in the St. Angela's Angels Mother's Day Out Program, I agree on behalf of myself, my child named herein, and our heirs, successors, and assigns to indemnify, hold harmless and defend the Archdiocese of Galveston-Houston, the sponsoring parish, its pastor, youth ministry leader, principal, other agents, employees or other representatives associated with the Mother's Day Out Program from any and all injuries, losses or claims arising out of my child's participation in the event.

In signing this form I certify that all information contained herein is true and accurate to the best of my knowledge.

Signature (Parent/Guardian)

Date

Video/Photography Consent

As parent/guardian, I understand that promotional pictures and videos (individual and group) will be taken during St. Angela's Angels Mother's Day Out program. I give permission for my son's/daughter's picture to be used for promotional materials (newsletter, webpage, calendars, power point, video etc.) in highlighting the event.

Signature (Parent/Guardian)

Date

Walking Field Trip Permission Slip

Occasionally children enrolled in St. Angela's Angels Mother's Day Out program, may leave the program room to experience learning in other areas of St. Angela Merici. This may mean visiting the church to see the baptismal font or the altar, going to the parish office to participate in learning about the jobs in our parish, or visiting the statue of Mary our Mother behind the PLC. Children will never cross streets or leave St. Angela Merici Catholic Community during their time at the Mother's Day Out program.

My child _____ may participate in walking field trips within St. Angela Merici.

My child _____ may not participate in walking field trips within St. Angela Merici.

Signature (Parent/Guardian)

Date

Parent Handbook Acknowledgement:

I, _____ have received and read the Saint Angela's Angels Parent Handbook. I agree to abide by the guidelines discussed in the handbook while my child is enrolled at St. Angela's Angels.

Signature (Parent/Guardian)

Date