

St. Patrick Catholic Church
12424 Brogdon Lane
Baton Rouge, LA 70816

2022 PSR Liability and Medical Release Forms

Child's Name: _____ DOB: _____

Parent's Name: _____ Phone #: _____

Initial inside of each box and sign below.

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Liability Waiver: I, the parent and/or legal guardian, grant permission for my child to participate in St. Patrick Catholic Church Parish School of Religion (PSR). I agree to hold harmless St. Patrick Catholic Church, its employees and agents, chaperones or representatives associated for these events from any claims, damages to personal property, or injury which may result during these events, unless such claim arises from the negligence of the parish or diocese. I understand that St. Patrick Catholic Church will not be liable if my child fails to cooperate with the rules and regulations, and that any infraction of the rules may result in my child's dismissal from the PSR program.

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Photo Release: I hereby grant the right for authorized representatives of St. Patrick Catholic Church to take, edit, alter, copy, exhibit, publish, distribute and make use of any and all pictures or videos taken of my minor child to be used in and/or for advertisements, fundraising letters, annual reports, press kits, submissions to journalists, websites, social networking sites, and other print and digital communications, without payment or any other consideration. This authorization shall continue indefinitely, unless I otherwise revoke said authorization in writing. I understand and agree that these materials shall become the property of St. Patrick Church and will not be returned.

Parent's Signature: _____ Date: _____

Medical Release: I hereby warrant that 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 that are applicable.) IF needed for health reasons, I give permission for my child to be evaluated, diagnosed, treated, and/or given medication in accordance with standard medical practice by appropriate health care personnel. In the event of an emergency, I hereby give my permission to transport my child to a hospital for emergency medical or surgical treatment. **In the event of an emergency, if you are unable to reach me at the above numbers, contact:**

Name: _____ Emergency Contact's #: _____

Parent's Signature: _____ Date: _____

Medical Information

Allergy reactions (medications, food, plant, insects, etc): _____

Any physical limitations? _____

You should be aware of these special medical conditions of my child: _____
