

PARENT/GUARDIAN INFORMATION

FATHER'S NAME:

_____ Religion: _____
LAST FIRST MIDDLE

CELL PHONE: _____ E-MAIL: _____

MOTHER'S NAME (MAIDEN):

_____ Religion: _____
LAST FIRST MIDDLE

CELL PHONE: _____ E-MAIL: _____

LEGAL GUARDIAN ONLY

NAME: _____ Religion: _____

HOME PHONE: _____ CELL PHONE: _____

E-MAIL: _____

MEDICAL INFORMATION

DOES YOUR CHILD HAVE ANY SPECIAL NEEDS AND/OR ATTENTIONS YES NO
IF YES, PLEASE EXPLAIN _____

DOES YOUR CHILD SUFFER FROM ANY FORM OF ALLERGIES (SEASONAL/FOOD) YES NO
IF YES, PLEASE EXPLAIN _____

DOES YOUR CHILD TAKE ANY FORM OF MEDICATION YES NO
IF YES, PLEASE EXPLAIN _____

DOES YOUR CHILD HAVE ANY DISABILITIES (LEARNING/MOBILITY/ETC) YES NO
IF YES, PLEASE EXPLAIN _____

I HEREBY WARRANT THAT TO THE BEST OF MY KNOWLEDGE, MY CHILD IS IN GOOD HEALTH, AND I ASSURE ALL RESPONSIBILITY FOR THE HEALTH OF MY CHILD.

PARENT/GUARDIAN INITIALS: _____

EMERGENCY MEDICAL TREATMENT

In the event of an emergency, I hereby give permission to transport my child to a hospital for medical emergency or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of any emergency, if you are unable to reach me at the above numbers, contact:

Name of Contact: _____ Relation: _____
Phone: _____
Family Doctor: _____ Phone: _____
Family Health Plan Carrier: _____ Policy # _____

- No medication of any type, whether prescription or non-prescription, may be administered to my child, unless the situation is life threatening and emergency treatment is required.
- I hereby grant permission for non-prescription medication (such as non-aspirin products, i.e. acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

PARENT/GUARDIAN INITIALS: _____

CONSENT

I HEREBY CONSENT TO THE PARTICIPATION BY MY CHILD IN THE RELIGIOUS EDUCATION PROGRAM AT OUR LADY OF MERCY CATHOLIC CHURCH (322 S. VERMONT AVE., MERCEDES, TEXAS), AND UNDERSTAND THAT THIS EVENT WILL TAKE PLACE INSIDE CHURCH GROUNDS (PROPERTY), AND THAT MY CHILD WILL BE UNDER THE SUPERVISION OF THE DIRECTOR OF RELIGIOUS EDUCATION. I ALSO, HEREBY, CONSENT FOR MY CHILD TO PARTICIPATE IN ANY PARISH PROGRAMS AND PHYSICAL ACTIVITIES DURING THE CURRENT PROGRAM YEAR. I AUTHORIZE THE EMPLOYEES AND/OR RESPONSIBLE PERSONNEL TO OBTAIN PROPER MEDICAL TREATMENTS SHOULD IT BECOME NECESSARY. I AGREE ON BEHALF OF MYSELF, MY CHILD NAMED HEREIN, OR OUR HEIRS, SUCCESSORS AND ASSIGNS, TO HOLD HARMLESS AND RELEASE THE ADMINISTRATORS, CATECHISTS AND VOLUNTEERS FROM ALL LEGAL LIABILITY FOR ILLNESS, INJURIES AND/OR DEATH SUFFERED BY MY CHILD AS A RESULT OF PARTICIPATION IN THE PROGRAMS AND PHYSICAL ACTIVITIES DURING THE PROGRAM YEAR. I FURTHER AGREE TO COMPENSATE THE PARISH, THE DIOCESE OF BROWNSVILLE, IT'S DIRECTORS, EMPLOYEES AND/OR AGENTS ASSOCIATED WITH THE PROGRAMS AND PHYSICAL ACTIVITIES FOR REASONABLE ATTORNEY'S FEES AND EXPENSES WHICH MAY INCUR IN ANY ACTION BROUGHT AGAINST THEM AS A RESULT OF SUCH INJURY OR DAMAGE [UNLESS SUCH CLAIM ARISES FROM THE NEGLIGENCE OF THE PARISH/DIOCESE]. I AFFIRM THAT THE INFORMATION ABOVE IS TRUE AND CORRECT.

(CHECK ONLY IF APPLIED)

- I HEREBY, ALSO, CONSENT THAT PICTURES AND VIDEO MAY BE TAKEN OF MY CHILD DURING THE RELIGIOUS EDUCATION PROGRAM AT OUR LADY OFMERCY CATHOLIC CHURCH, IN MERCEDES, TEXAS. I HEREBY, ALSO, CONSENT TO PICTURES AND VIDEOS WHERE MY CHILD IS PRESENT, CAN BE UPLOADED TO THE SOCIAL MEDIA WEBSITES USED BY THE PARISH (I.E. PARISH WEBSITE, FACEBOOK, ETC.), AND OTHER SOCIAL MEDIA CONNECTIONS RELATED TO THE PARISH AND THE CATHOLIC DIOCESE OF BROWNSVILLE (I.E. CATHOLIC NEWSPAPER, ETC.).
- I DO NOT GIVE PERMISSION FOR MY CHILD TO BE PHOTOGRAHPED OR VIDEO TAPES.

PARENT/GUARDIAN SIGNATURE

_____/_____/_____
DATE



Office of Catechesis * Diocese of Brownsville

OUR LADY OF MERCY CATHOLIC CHURCH – MERCEDES, TEXAS

AUTHORIZATION TO PICK UP THE STUDENT

Complete Legal Name of Student:

Father's Name: _____

Telephone #'s / Home: _____ CEL: _____ Work: _____

Mother's Legal Name: _____

Telephone #'s / Home: _____ CEL: _____ Work: _____

The following people can pick up my child from Religious Education classes:

1. Name: _____ Relationship: _____

Cell: _____ Other: _____

2. Name: _____ Relationship: _____

Cell: _____ Other: _____

3. Name: _____ Relationship: _____

Cell: _____ Other: _____

4. Name: _____ Relationship: _____

Cell: _____ Other: _____

My child has my permission to walk home: _____ YES _____ NO

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____