



Our Lady of Guadalupe Parish 2016-2017 Emergency Medical Information

Child's Name: _____ Age: _____ Program: _____

Parent/Guardian #1 Name: _____

Primary Phone: _____ Secondary Phone: _____

Email: _____

Address: _____ (zip) _____

Parent/Guardian #2 Name: _____

Primary Phone: _____ Secondary Phone: _____

Email: _____

Address (if diff.) _____

Doctor's name: _____ Phone: _____

(For Parents/Guardians): I give permission for my child/children to participate in the Family Faith Formation Programs for 2014-2015. In consideration of this opportunity and fully recognizing that such an undertaking involves an element of risk, I assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify, and agree to hold harmless the Archdiocese of Seattle, Our Lady of Guadalupe, their agents, employees and officers and the chaperones, leaders, organizers, sponsors and persons transporting my child to and from activities. Neither the Archdiocese, the Parish, nor said persons shall be held financially responsible for any injury, illness, or death incurred as a direct result of these activities. I, the undersigned, have read this release and understand all of its terms and execute it voluntarily and with full knowledge of its significance. In the event of an emergency and I cannot be reached, I *hereby authorize emergency medical treatment be administered.*

SIGNATURE: _____ DATE: _____

In case of injury/illness contact: _____ Phone: _____

If above referenced person cannot be reached contact: _____ Phone: _____

Known allergies: _____

Known health limitations: _____

Does your child have any behavioral or learning challenges? Please describe below:

Yes ___ No ___ I give my permission for photos to be taken of my child/children at parish-sponsored events and for those photos to be used on the Parish Web page.