

St. Luke Catholic Church
2807 Oakdale St.
Temple, Texas 76502

Religious Education Permission/Medical/Liability Release Form 2015/2016

I hear by consent to participation by my son/daughter listed below in the St. Luke Keysis High School Youth Ministry/ Religious Education program for the program year. I understand that the program will take place on the parish grounds or away at locations chosen by the Youth Ministry Coordinator/ RE Director. My son/daughter(s) will be under the supervision of the authorized parish personnel. I will not hold the Diocese of Austin, St. Luke Catholic Church personnel or volunteers liable in the event of accident or injury.

I grant for non-prescription medication and routine non-surgical medical care to be given to my child, if deemed advisable by the supervising parish personnel. In case of emergency, I grant permission to transport my child to the nearest hospital for emergency medical or surgical treatment. I relieve the Diocese of Austin, St. Luke Catholic Church, its personnel and volunteers of all responsibility and consequence that may arise as a result of this treatment. I will be contacted as soon as possible and will be advised prior to any further treatment by the hospital doctor.

Parent/Guardian Signature _____ Date _____

Student(s) Medical and Emergency Information

Please note specific medical issues and/or allergies:

1. Student Name: _____ Grade: _____
Medical issues and/or allergies: _____
2. Student Name: _____ Grade: _____
Medical issues and/or allergies: _____
3. Student Name: _____ Grade: _____
Medical issues and/or allergies: _____
4. Student Name: _____ Grade: _____
Medical issues and/or allergies: _____
5. Student Name: _____ Grade: _____
Medical issues and/or allergies: _____

Parent/Guardian Phone Numbers: _____

In case of an emergency if parent(s)/guardian(s) are not available notify:

Name: _____ Phone #: _____

Physician Name & Number: _____

Insurance Carrier/ Policy Number: _____

If participant does not have insurance, cash payment in full for the necessary medical treatment is the responsibility of the parent or legal guardian.