



HOLY FAMILY
 CATHOLIC COMMUNITY
inviting all to new life in Christ

Consent And Medical Release for Family & Teen Faith Class

I request that Holy Family Catholic Community allow my child(ren) _____

_____ to participate in its 2018-2019 Faith Programs. I hereby release and indemnify Holy Family Catholic Community, its staff and volunteers and the Catholic Bishop of Chicago, a corporation sole, from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this program. In the event the undersigned or the noted physician cannot be reached, and in the judgment of a responsible person or appropriate staff member, there is a necessity for immediate examination and/or treatment of the registered child(ren), I hereby authorize any of the aforesaid personnel to obtain such medical service.

Name of Physician: _____
 (please print)

Phone # _____

Emergency contacts (other than parents):

1. Name _____ Relationship _____
 (please print)

Phone # _____

2. Name _____ Relationship _____
 (please print)

Phone # _____

Please list any allergies, chronic illnesses and other conditions that could impact emergency medical treatment. Please list any & all medications, including dosage, that your child may take during Faith class (use the other side if needed)

Holy Family staff/volunteers may photograph or videotape your child(ren) during Family and Teen Faith programs / activities to be used in Parish publications and media.

Parent's / Guardian's Signature:

Date: