**ANNUAL MEDICAL CONSENT FORM AND RELEASE OF LIABILITY**

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personal Information**

Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_ Grade \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent/Legal Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent(s) Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Information**

Family Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Carrier/ Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Group Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Yes \_\_\_ No Does your child have a special medical condition or heart problem?

\_\_\_ Yes \_\_\_ No Has your child had a broken bone in the past six (6) months?

\_\_\_ Yes \_\_\_ No Has your child had surgery in the past six (6) months?

\_\_\_ Yes \_\_\_ No Is your child currently taking prescribed medication(s) that could inhibit strenuous physical activity?

\_\_\_ Yes \_\_\_ No Does your child have allergies? If yes, what are they? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Yes \_\_\_ No Does your child have asthma or other respiratory problems?

If you answered “yes” to any of the above, it is the responsibility of the parent/guardian to check with parish staff and/or volunteers to ensure that your child will not be endangered due to any physical limitation or condition.

Name of Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_ Grade \_\_\_\_\_\_\_

**Emergency Contacts**

#1: Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#2: Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Medications Click here to enter text.

Medicinal and/or Food Allergies Click here to enter text.

Limitations Click here to enter text.

**I**, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, **hereby give my consent** for the above named individual to participate in the 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 parish, the Diocese of Brownsville, the Bishop and his successors, all of their employees, directors, administrators, catechists and volunteers from all legal liability for illnesses, 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, its 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.

Signature of Parent/Legal Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

**Touch Safety Training Consent Form**

Dear Parent or Guardian,

Blessed be our Lord Jesus Christ who showed his love for children by holding them and blessing them. This letter is an invitation to you and your children to participate in a very special class about Touching Safety.

Every parish in our diocese, indeed throughout the diocese of the United States, is directed to provide for the children and young people in the parish religious education program and special lessons on how to keep themselves safe from child sexual abuse. The lessons are for your child’s personal safety and **NOT** for education in human sexuality. The goal is to reinforce what you as parents are teaching your children about appropriate touching and the difference between safe and unsafe friends.

Dates and times for these classes will be announced during the CCE year. As parents you are welcomed to join us during the presentation.

If for any reason, you would prefer that your child not participate in the special touching safety lesson, you may sign the reverse side of this form indicating you decline. Your child is expected to come to class the day of the presentation. And he/she will be in another class during the presentation.

\_\_\_\_\_Yes, I give my consent \_\_\_\_\_No, I do not give my consent

For my son/daughter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name) to

Participate in the Touching Safety Training Program.

Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDIA RELEASE AND CONSENT FORM**

I hereby give my consent to all photographs, audio recordings, work, and/or video recordings taken of me or my minor child by any parish in the diocese and/or St. Francis Xavier Catholic Church staff or their designee. I understand that any such photographs, audio recordings, work, and/or video recordings become the property of the diocese and/or parish and may be used by the diocese, parish and/or others with their consent, for educational, instructional, or promotional purposes determined by the diocese and/or parish in broadcast and electronic media formats now existing or in the future created.

**(Please check one of the options below)**

\_\_\_\_ Yes, I give my consent.

\_\_\_\_ No, I do not give my consent.

**(Please print and write legibly.)**

Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent/Legal Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Permission Form for Child Pick Up/**

*Forma De Consentimiento Para Recoger Al Nino*

**Student Name/:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Nombre de Estudiante*

|  |  |  |  |
| --- | --- | --- | --- |
| **Father’s Name/:**  *Nombre de Padre* | Click here to enter text. | **Phone #/:**  *Telefono* | Click here to enter text. |
| **Mother’s Name/:**  *Nombre de Madre* | Click here to enter text. | **Phone #/:**  *Telefono* | Click here to enter text. |

**The following people can pick up my son or daughter after religious classes:**

*Las siguentes personas pueden recoger mi hijo(a) despues de terminar las clases de Educacion Religiosa:*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name/ *Nombre:*** | **Phone #/**  ***Telefono:*** | **Relationship:/**  ***Relacion*** |
| 1: | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 2: | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 3: | Click here to enter text. | Click here to enter text. | Click here to enter text. |

**My son/daughter has permission to walk home. \_\_\_\_Yes \_\_\_\_No**

*Mi hijo (a) tiene permiso para caminar a casa. \_\_\_\_\_Si \_\_\_\_\_ No*

**My child will walk from school to CCE \_\_\_\_Yes \_\_\_\_\_No**

*Mi hijo caminará de la escuela a CCE \_\_\_\_\_ Sí \_\_\_\_\_No*

**Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date/:\_\_\_\_\_\_\_\_**

*Firma de Padre: Fecha:*

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In order to better assist your child during religious education classes please indicate if your child has any of the following disabilities by placing a checkmark

(√) next to any disability that applies.

|  |  |
| --- | --- |
| Click here to enter text. | Locomotion (need wheelchair) |
| Click here to enter text. | Hearing |
| Click here to enter text. | Vision |
| Click here to enter text. | Speech |
| Click here to enter text. | Learning Skills |
| Click here to enter text. | Emotional Adjustments |
| Click here to enter text. | Attention Deficit/ Hyperactive |
| Click here to enter text. | Down’s Syndrome |
| Click here to enter text. | Cerebral Palsy |
| Click here to enter text. | Other ( Please List) |

**ELECTRONIC COMMUNICATION RELEASE AND CONSENT FORM**

Student’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade: \_\_\_\_\_\_\_ Class Registered for in CCE: \_\_\_\_\_\_\_\_\_

Parent’s/Legal Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please Print)

I hereby give my consent to St. Francis Xavier Staff or their designee to relay information about the CCE program, my child’s class or upcoming parish events via: (Please note that the items marked with the \* are Mandatory)

\_\_\_\_\*Remind text messaging app (Name/Phone # are needed to receive messages)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\*Email (Name/Email address to register):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_Mail \_\_\_\_Telephone \_\_\_\_Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_Yes, I give my consent \_\_\_\_No, I do not give my consent

Parent Signature/Legal Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent’s Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Youth Ministry/ *Ministerio Juvenil***

\_\_\_\_Yes, I am interested in my child participating in the Youth Ministry for Jr. High/ High School

\_\_\_\_No, I am not interested in my child participating in the Youth Ministry for Jr. High/High School

\_\_\_\_Yes, I gave my consent on the Media Release & Consent Form

\_\_\_\_No, I did not give my consent on the Media Release & Consent Form

\_\_\_\_Si, estoy interesado en que mi hijo participle en el Ministerio de la Juventud para Jr. High/High School

\_\_\_\_No, no estoy interesado en que mi hijo participle en el Ministerio de la Juventud para Jr. High/High School

\_\_\_\_ Sí, di mi consentimiento en el Formulario de autorización y comunicado de prensa

\_\_\_\_ No, no he dado mi consentimiento en el Formulario de autorización y divulgación de medios