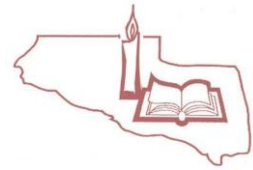




**DIOCESE OF BROWNSVILLE
OFFICE OF CATECHESIS**



Sacred Heart Church - McAllen
PARISH _____

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?

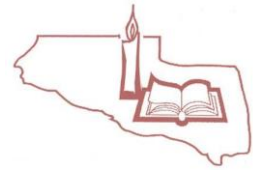
___ Yes ___ No Is your child allergic to bee stings or insect bites?

___ 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.



DIOCESE OF BROWNSVILLE
OFFICE OF CATECHESIS



PARISH Sacred Heart Church - McAllen

Name of Child _____

Date of Birth _____ Age _____ Grade _____

Emergency Contacts

#1: Name _____

Relationship _____ Phone _____

#2: Name _____

Relationship _____ Phone _____

Current medications _____

Medicinal and/or Food Allergies _____

Limitations _____

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 _____