

ST LUKE CATHOLIC CHURCH

2807 OAKDALE

TEMPLE, TX 76502

2009-2010 Academic Year Permission/Medical/Liability Release Form

Parent/Guardian Permission

I hereby consent to participation by my son/daughter(s), listed below, in St Luke Keysis High School Youth Ministry/CCE program for the 2009-2010 academic year. I understand that this program will take place on the parish grounds or away at locations chosen by the Youth Ministry Coordinator. My son/daughter(s) will be under the supervision of the authorized parish personnel. Finally, I will not hold the Diocese of Austin, St. Luke's Catholic Church, its personnel, or volunteers liable in the event of injury.

Signature

Date

Student(s) Information

1. Name: _____

Grade: _____

2. Name: _____

Grade: _____

3. Name: _____

Grade: _____

Parent/Guardian's Phone Numbers: _____

Medical and Emergency Information

Please note specific medical problems and/or allergies:

In case of emergency, notify (include two names with phone numbers):

Name: _____

Phone: _____

Name: _____

Phone: _____

Physician: _____

Phone: _____

I grant permission for non-prescriptive medication and routine non-surgical medical care to be given to my child if deemed advisable by the supervising parish personnel. In case of an emergency, I also 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.

Signature: _____

Date: _____

Insurance Carrier/Policy Number: _____

If participant has no insurance, cash payment in full for the necessary medical care is the responsibility of the parent or legal guardian