Saint Madeleine Sophie Parish
2009 – 2010 Emergency Medical Information

Child's Name: _____Age: _____ Grade: _____
_____Age: _____ Grade: _____
_____Age: _____ Grade: _____
_____Age: _____ Grade: _____

Address: _____Zip: _____

Parent's Name: _____Phone: _____

Doctor's name: _____Phone: _____

(For Parents/Guardians): I give permission for my child/children to participate in the Early Chilhood, Elementary Faith Formation, or Vacation Bible Camp Programs for 2009-2010. In consideration of this opportunity and fully recognizing that such an undertaking involves an element of risk, I assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify, and agree to hold harmless the Archdiocese of Seattle, Saint Madeleine Sophie Parish, their agents, employees and officers and the chaperones, leaders, organizers, sponsors and persons transporting my child to and from activities. Neither the Archdiocese, the Parish, nor said persons shall be held financially responsible for any injury, illness, or death incurred as a direct result of these activities. I, the undersigned, have read this release and understand all of its terms and execute it voluntarily and with full knowledge of its significance. In the event of an emergency and I cannot be reached, I *hereby authorize emergency medical treatment be administered.*

SIGNATURE: _____DATE: _____

In case of injury/illness contact: _____Phone: _____

If above referenced person cannot be reached
contact: _____Phone: _____

Known allergies: _____
_____

Known health limitations: _____
_____

Does your child have any behavioral or learning challenges? Please describe below:

_____

_____

Yes ____ No ____ I give my permission for photos to be taken of my child/children at parish-sponsored events and for those photos to be used on the Parish Web page.