CCD PARENTAL AUTHORIZATION/ RELEASE FORM

I give permission for my child to take part in the **St. Patrick Religious Education/CCD** activities *on and off church grounds*. In consideration of the opportunity for my child to participate and fully recognizing that such an undertaking involves an element of risk, we assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify, and agree to hold harmless the **Diocese of Corpus Christi and St. Patrick Church,** its agents, employees and officers, and the chaperones, leaders, organizers, sponsors, and persons transporting our child to and from these activities. Neither the **Diocese of Corpus Christi nor St. Patrick Church** nor any of said persons shall be held financially responsible for any injury, illness, or death incurred as a direct or indirect result of this activity. I, the undersigned, have read this release and understand all its terms and execute it voluntarily and with full knowledge of its significance. In the event of an emergency and I cannot be contacted, I hereby authorize that emergency treatment may be administered.

Contact Information

Parent/Guardian Name: _____
First Name Last Name

Address: _____
Street City State Zip

Email: _____

Cell Phone: ( ) _____

Child's Information

Child's Name: _____
First Name Last Name

Date of Birth: _____ Grade Level: _____
Month Day Year

Medications your child takes regularly: _____

If necessary, may I give your child Tylenol and/or Imodium A-D? Yes _____ No _____

Does your child need to carry an EPI pen for Anaflactic Shock? Yes _____ No _____

I also give permission to St. Patrick's Youth Ministry to post appropriate photos of my child on the youth group website, promotional flyers and in the bulletin. Yes _____ No _____

_____ _____
Signature of Parent/Guardian Date