

PARENT / GUARDIAN

PERMISSION SLIP / MEDICAL AUTHORIZATION / INDEMNITY AGREEMENT

SPONSOR OF ACTIVITY _____

ACTIVITY _____

DATE (S) OF ACTIVITY _____

PLACE OF ACTIVITY _____

The undersigned as parent or legal guardian of _____,
does hereby give permission for the above named individual to attend the described activity.

As a condition of attending the described activity, I do hereby release the Roman Catholic Archdiocese of Santa Fe and all its affiliated parishes, schools and organizations, as well as their officers, agents and employees, from any and all claims, demands, actions, or causes of death, injury, or illness, in any way, arising from the above described activity, in not limited to transportation to and from the event.

I further agree that the financial responsibility for securing care, in case of injury resulting participation in the program, is a matter between the participant and his/her health care provider, that the Archdiocese of Santa Fe cannot pay health care providers for treatment of any injuries. It is further agreed, that the participant will assume all legal responsibility for their personal safety and actions while participating in the program and while traveling to and program activities.

I hereby authorize the Supervisor of the activity or his/her designee to act in my behalf to authorize such medical attention, surgery, or other health care services, as may be recommended in an emergency situation while participating in the activity. If the below named physician cannot be reached, I hereby authorize any licensed physician or medical center to treat my child.

Name of Physician: _____ Phone: _____

Signature: _____ Date: _____
Parent/Guardian

Phone: _____
Home Work