

**ST. THOMAS CATHOLIC CHURCH**  
**6 Green Street, PO Box 3**  
**Underhill Center, Vermont 05490**

Parish Office: 802-899-4621 Email: office@stthomasvt.com  
Coordinator of Religious Education: Laura Lynch Wells  
Religious Education Office: 802-899-4770 Email: rel.ed@stthomasvt.com

**2018-2019 Religious Education: Health/Emergency/Consent Release**  
*(Please fill out separate form for each child in the family.)*

FAMILY NAME: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Nickname: \_\_\_\_\_

Birth Date: MM\_\_\_\_/DD\_\_\_\_/ YYYY\_\_\_\_\_ Sex: M/ F Age: \_\_\_\_\_

Parent (s)/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City/ State/ Zip: \_\_\_\_\_

Emergency contact during Sunday Religious Education: \_\_\_\_\_

Contact's Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Relationship: \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_

Policy #: \_\_\_\_\_

Personal Physician's Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Medical Conditions, Allergies, or Dietary Considerations: \_\_\_\_\_

Current Medications/Reason for Medications: \_\_\_\_\_

Other Comments: \_\_\_\_\_

**Parent / Guardian Authorization and Signature**

By my signature below, as parent/guardian of a candidate in the Religious Education Program, I acknowledge, **by initialing each of the statements below**, that I have read and understand the provisions listed below and agree to be bound by all terms.

\_\_\_\_\_ **Authorization for Medical Treatment**

In the event of a medical and/or emergency situation during my absence, I hereby authorize necessary treatment, administration of anesthesia and/or surgical treatment(s) for my minor child/ward when deemed necessary by any physician, hospital medical staff or other appropriate medical personnel. I furthermore agree to release, indemnify and hold harmless the Roman Catholic Diocese of Burlington, St. Thomas Parish, their officers, directors, employees, staff members, volunteers and agents, from and against any and all claims for damages related to administration of emergency medical care as authorized in this statement.

\_\_\_\_\_ **Acknowledgement of Insurance Coverage**

I hereby acknowledge that neither the Roman Catholic Diocese of Burlington nor St. Thomas Parish are providing insurance coverage of any kind for any students in the Religious Education Program, including, but not limited to, life, health, accident, disability, liability, or any other kind of insurance whatsoever. I agree to undertake responsibility for any and all loss, damages, and responsibility to acquire insurance to provide the appropriate coverage (s) for the risks associated with participation in the Religious Education Program.

\_\_\_\_\_ **Liability Release (includes transportation)**

I hereby release and agree to hold harmless the Roman Catholic Diocese of Burlington and St. Thomas Parish, their officers, directors, employees, staff members, volunteers, and agents from any and all liability, claims and/or damages for personal injury property loss or other damages which may result to my child/ward. I further state that my child/ward is physically fit and able to participate in the Religious Education Program.

\_\_\_\_\_ **Media Release**

I hereby authorize the Roman Catholic Diocese of Burlington or St. Thomas Parish to use the name, voice and likeness of my child/ward in any manner, form or way relating to communication production in any media, and I hereby release these entities from any and all claims associated therewith in connection with the Religious Education Program.

\_\_\_\_\_ **I give permission to give Contact Information to other participants.**

\_\_\_\_\_ **I give permission for St. Thomas Religious Education Office to use Contact Information to keep in touch after the Religious Education year is over.**

**Date:** MM \_\_\_\_/DD \_\_\_\_/ YYYY \_\_\_\_\_

**Name of Child:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_

**Contact Phone #:** \_\_\_\_\_