Archdiocese of San Francisco
St. Luke Religious Education Program
Parental Permission and Health Authorization Form

I/We, the parent(s), guardians(s) of the named child(ren) on the front page of this document hereby give my/our permission to her/his participation in any and all Religious Education activities. I/we agree to direct my/our child(ren) to cooperate and conform with directions and instructions of Religious Education personnel responsible for Religious Education activities.

I/We agree that in the event my/our child(ren) is injured as a result of her/his participation in Religious Education activities, including transportation to and from these activities, whether or not caused by the negligence of the parish/school Religious Education program or any of its agents or employees, recourse for the payment of any resulting hospital, medical or related costs and expenses will first be had against any accident, hospital or medical insurance, or any available benefit of mine/ours.

In the event I/we cannot be reached in an emergency, I/we hereby give permission for the Director/Catechist/Adult Leader to authorize by her/his signature whatever medical treatment may be considered necessary by the attending physician for my/our child(ren).

Parent/Guardian Signature_____ Date_____

Parent/Guardian Signature_____ Date_____

The following must be completed by parent or guardian.

Family Physician_____ Phone #_____

Address_____ City & Zip_____

Medical Plan_____ Plan Number_____

If you do not want medical care given to your child(ren), please state your reasons:

_____

_____

_____

Does your child(ren) have or is subject to (check if yes):

O Asthma O Fainting Spells O Convulsions O Diabetes O Heart Trouble

Allergy or reaction to ANY medication – List_____

Sports Restrictions – List_____

Other – Describe_____

_____

Have difficulty with (check if yes):

O Eyes, ears, nose, throat O Digestion O Lungs O Other_____

Any condition now requiring medication? YES NO If yes, please list name of medications_____

Any restriction of activity for medical reasons? YES NO If yes, explain:

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