



MEDICAL RELEASE AND WAIVER

FOR PARTICIPATION IN ST. JOSEPH PARISH CONFIRMATION PREPARATION ACTIVITIES

As a parent/legal guardian of

_____, I/we give permission for the named subject of this release to be involved in activities sponsored by St. Joseph Parish. I/We understand that reasonable safety precautions will be taken at all times by St. Joseph Parish (South Bend, IN 46617) and its agents during said activities.

I/We authorize any treatment by an accredited hospital and/or physician deemed necessary for the subject(s) of the release in case of an emergency.

I/We understand the possibility of unforeseen hazards and know the inherent risk in any group activity. I/We agree to release and hold harmless St. Joseph Parish, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject(s) of this form.

Signature of parent/guardian

Date

Name (printed) of parent/guardian

HEALTH INS. PROVIDER _____

POLICY NUMBER _____

HEALTH CONDITIONS _____

REGULAR MEDICATIONS _____

For office use only:

Baptismal Certificate Received ___/___/___

Administrative Fee Paid ___/___/___

Letter of Permission from Pastor Received ___/___/___ N/A

Interview with Parish Priest Completed ___/___/___

Confirmation Name and Sponsor Information Form Received ___/___/___

Sponsor Certificate Received ___/___/___

Notes _____