



(Please copy this page for each enrolled student. Hint: complete all identical information, copy, then fill in for individual.)

ST. CATHERINE OF SIENA – BURLINGAME, Religious Education Program
Parental Permission Form and Health Authorization Form
September 2024 – May 2025

I, the parent/guardian of the child(ren) listed as enrolled on the Religious Education Registration form, hereby give my permission for his/her/their participation in all Religious Education activities. I agree to direct my child(ren) to cooperate and conform with the directions and instructions of St. Catherine personnel responsible for Religious Education activities.

I agree, to the extent permitted by law, that in the event my child is injured as a result of his/her/their participation in Religious Education activities, including but not limited to transportation to and from any activity, whether or not caused by the negligence (active or passive) of the parish/school or Archdiocesan youth activities 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 plan of mine or of my spouse.

\*I am not aware of any medical condition of my child(ren) which would render it inadvisable for him/her/them to participate in regular Religious Education activities.

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Director of Religious Education, adult Grade Level Teacher or youth activity supervisory personnel then present to render medical treatment deemed necessary and appropriate by the physician.

Further, I hereby waive any and all rights to, or compensation for, any photographs, videotapes, motion pictures, recordings, or any other record of events or activities which may be made by the Archbishop/ Parish/ School/ Agency and affiliate organizations.

Parent/Guardian's signature

Date

Other Parent/Guardian's signature

Date

(Signature of both parents needed when possible.)

\* Please list any medical or behavioral condition of your child(ren) which would render it inadvisable or difficult for him/her to participate in regular activities and note here and on emergency information section under Allergies/Alerts.

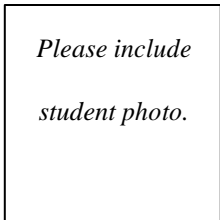
Medical or Behavioral Condition? Check if Yes. \_\_\_ Asthma \_\_\_ Heart Condition \_\_\_ Convulsions

\_\_\_ Fainting Spells \_\_\_ Diabetes \_\_\_ ADD/ADHD \_\_\_ Autism \_\_\_ Other

\_\_\_ Allergy to \_\_\_ Condition requiring special attention

\_\_\_ Any condition requiring medication? \_\_\_ name of medication

Please type or print the information below clearly. It will be used for Name Tag and Emergency Information.



(Names) (Phones for all persons below, please.)

Mom: \_\_\_\_\_

Dad: \_\_\_\_\_

Home phone: \_\_\_\_\_

In case of disaster, my child may be released to any of the following:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Medical

Doctor: \_\_\_\_\_

Insurance Plan & #: \_\_\_\_\_

Allergies/Alerts: \_\_\_\_\_

Student First \_\_\_\_\_

& Last Name \_\_\_\_\_

Grade in Fall 2024