

**EMERGENCY MEDICAL RELEASE FORM FOR PARTICIPANTS
IN ST. CECILIA RELIGIOUS EDUCATION PROGRAM**

I (we), the undersigned parents or guardian(s) of this/these minors: (please list full names and birthdates of your children in the program)

do hereby authorize adult volunteers of Saint Cecilia Parish as agents for the undersigned, to consent to any medical or surgical care deemed advisable by any accredited physician or surgeon in an approved emergency clinic or hospital. I further release from any liability St. Cecilia, any of its ministries or leaders in the event of an accident en route, during and returning from the P.S.R. classes. This agreement does not apply to claims for intentional misconduct or gross negligence.

Date signed: _____

Parent/Legal Guardian (print) _____

Parent/Legal Guardian (sign) _____

Address: _____ Zip _____

Emergency Phones:

Home _____ Work _____ Cell _____

List any allergies, including medications, foods, etc.

If parent/legal guardian is not available in an emergency, please contact:

Name & Relationship _____

Phone:

Home _____ Work _____ Cell _____

Please return to the Religious Education Office. Thank you!