



**Contacts in case of emergency that the student may be released to other than parent/guardians:**

Emergency Contact 1) \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_  
 Emergency Contact 2) \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Does your child have any allergies or medical needs?  Yes  No Please explain \_\_\_\_\_

Does your child have a current IEP or 504 plan in School?  Yes  No If so, what is the nature of your child's disability? \_\_\_\_\_

"The Sunday Eucharist is the foundation and confirmation of all Christian practice. For this reason the faithful are obliged to participate in the Eucharist on days of obligation, unless excused for a serious reason (for example, illness, the care of infants) or dispensed by their own pastor. Those who deliberately fail in this obligation commit a grave sin."

*-Catechism of the Catholic Church, p. 526, Article 2181*

**CHURCH ATTENDANCE:** I understand that weekly Church attendance is an indispensable component of my child's Religious Education.

\_\_\_\_\_ initials

As the parent/guardian of the student(s) listed on the front, I hereby give permission for his/her participation in activities sponsored by the Religious Education Office of Visitation Church. I agree to direct my child(ren) to cooperate and conform to directions and instructions from all persons responsible for these activities. As a condition of my child(ren) being allowed to do so, I hereby release and discharge the Archdiocese of Los Angeles, its constituent organizations, employees, and volunteers from any and all claims for personal injury or property damage that he/she may suffer as a result of his/her participation.

\_\_\_\_\_ initials

I hereby authorize the making of photographs, videotapes and recordings of said events and my child(ren)'s participation therein, and the publication and duplication or other use thereof. I hereby waive any right to compensation or any other rights that otherwise might have to limit or control such making or use.

\_\_\_\_\_ initials

I hereby give permission to the physician, nurse, dental, or licensed care staff selected by the supervisory personnel then present to render medical, dental or Other appropriate treatment necessary in case of emergency.

\_\_\_\_\_ initials

By signing this form, we agree to fulfill the Religious Education Program requirements and affirm that the information we provided is correct.

\_\_\_\_\_  
Signature of parent or guardian \_\_\_\_\_ Date

**FOR OFFICE USE ONLY**

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Date	Cash	Check Number	Amount	Balance	Received by

**DISASTER RELEASE INFORMATION**

Date	Name of Student(s)	Was/were Released to Name, Id# , Phone No.	Purpose	Time