

Sacred Heart School
 4460 E. Yale Avenue
 Fresno, CA 93703
 2009-2010

IDENTIFICATION AND EMERGENCY INFORMATION

Child's Name	Last	Middle	First	Telephone	
Address	Number	Street	City	State Zip	Birthdate
Father's Names	Last	Middle	First	Telephone	
Father's Address	Number	Street	City	State Zip	Business Telephone
Mother's Name	Last	Middle	First	Telephone	
Mother's Address	Number	Street	City	State Zip	Business Telephone

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

NAME OF PERSONS AUTHORIZED TO PICK UP CHILD FROM SCHOOL

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT)

NAME	TELEPHONE	RELATIONSHIP

Signature of Parent/Legal Guardian

Date

DIOCESE OF FRESNO ANNUAL SCHOOL CONSENT FOR EMERGENCY MEDICAL TREATMENT, SCHOOL ACTIVITIES PERMISSION, AND RELEASE OF LIABILITY FORM

TO THE PARENT/LEGAL GUARDIAN: You must give permission on this annual form for your child to attend school and participate in school-sponsored events and activities during this school year. You will also be required to sign permission forms for your child to participate in specific school-sponsored events, activities, and sports conducted off school grounds or outside the regular school day.

Name of Child	School Year <b style="text-align: center;">2009-2010
Name of Parent(s)/Guardian(s)	School Name <b style="text-align: center;">Sacred Heart Catholic School

I, the undersigned parent or guardian, voluntarily wishes to give permission for and request that my child be allowed to attend and participate in school-sponsored events and activities during this school year including those conducted off school grounds or outside the regular school day. My child is physically fit and capable of participation in school events and activities. I agree to direct my child to cooperate and conform to directions, instructions, and rules given by school personnel or agents, chaperones, or diocesan personnel responsible for all school events and activities. If requested, I will sign permission and release form for each specific event or activity conducted off school grounds or outside the regular school day. I reserve the right not to have my child participate in school-sponsored events or activities that are not mandatory.

I understand that participation in school-sponsored events and activities, including those off school grounds and outside the regular school day, involve some risk (including any travel to and from these events or activities) and that unforeseen events can occur. I am informed and agree that transportation, if involved, may be provided by parents, other private individuals, or commercial operators who are believed to be reliable and insured, but are not under the supervision or control of the school.

In exchange for permitting my child to participate in the school's activities, I waive and give up all claims (and the right to file a lawsuit) which I or my child (and our successors, heirs, and assigns) may have against the school. I release and discharge the school from all liability or responsibility from death, illness, personal injury, or property damage arising out of the school activity and any transportation involved with the school activity.

In the event of an emergency, and if the school is unable to contact me, I authorize school personnel or other adult leadership of a school-sponsored event or activity, at my expense, to secure and consent to x-ray examination, medical, dental, or surgical diagnosis, treatment, and hospital care advised and supervised by a duly licensed physician, surgeon, or dentist. I expect to be contacted as soon as possible. I agree that if emergency medical or dental services are required for my child, the Diocese of Fresno will not be responsible to pay for any medical or dental expenses.

This permission, waiver, release, and consent applies to the school named, and to the Diocese of Fresno Education Corporation, The Roman Catholic Bishop of Fresno (a corporate sole), the Diocese of Fresno, all other Diocese of Fresno schools, all parishes, affiliated organizations, and their officers, clergy, agents, and employees.

This waiver and release form is signed in order for my child to participate in the school's events and activities for my child's own personal enjoyment and benefit and is done so freely with full knowledge of the risk and dangers that are or may be involved.

I authorize any hospital which has provided treatment to the above named minor pursuant to the provisions of Family Code section 6910 to surrender physical custody of such minor to the diocesan or school representative upon the completion of treatment. This authorization is given pursuant to Health and Safety Code section 1283.

Please continue on the other side

The following information is provided for the benefit of the school:

Daytime Phone Number(s) of Parent/Guardian (M) (F)		Nighttime Phone Number(s) of Parent/Guardian (M) (F)	
Pager/Cell Phone Number(s) of Parent/Guardian (M) (F)		Child's Date of Birth	
Home Address (M) (F)		City, ZIP (M) (F)	
Emergency Contact Other than Parent/Guardian		Phone Number(s)	
Allergies (food, drugs, insects, et c.)			
Medications (name, dosage, reason)			
Other Information or Special Health/Physical Considerations (Attach extra sheet if necessary)			
Insurance Carrier		Insurance Group or ID Number	
Name of Child's Doctor		Phone Number	
Name of Child's Dentist		Phone Number	
Name of Child's Orthodontist		Phone Number	

I, the undersigned, have read this release and understand all of its terms. I request that my child be allowed to participate in the school's events and activities. I execute this form voluntarily and with full knowledge of its significance. I have discussed the above with my child, and my child is aware of and understands the importance of following all rules set out for the school's events, activities, or sports. A copy of this form shall be as valid as the original authorization and may be given to the adult leader of the events, activities, or sports.

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

FOR OFFICE USE ONLY	
Date Release Received	Received By