

DIOCESE OF SAN JOSE – AUTHORIZATION TO CONSENT TO EMERGENCY MEDICAL CARE AND WAIVER & RELEASE FORM

I/We _____, the undersigned, are the parent(s) having legal custody or the legal guardian of _____ [child], who was born on _____.

I/We hereby authorize the administration at St. Simon Parish where _____ [child] is enrolled or employed to consent to, and agree to pay for, on my/our behalf any emergency medical, dental, surgical, or hospital care treatment, or diagnosis to be rendered to or for _____ [child] under the general or special supervision of a physician/surgeon or dentist pursuant to Section 6910 of the California Family Code and/or Section 1317 of the Health and Safety Code of California. It is expressly understood and agreed that an "emergency" shall be determined at the discretion of the administration of St. Simon Parish. If the undersigned has left an emergency number on file at St. Simon Parish reasonable attempts will normally first be made to contact the undersigned or his/her designee at such number(s) prior to contacting an emergency treatment organization.

The following information will aid in safe, immediate care by medical personnel:

Date of last tetanus immunization: _____

Known allergies to medications: _____

Please list any other known allergies or health concerns which will impact this child's involvement in St. Simon's Children's Ministry programs: _____

I/We understand that St. Simon Parish is not legally obligated to make the above referenced consents for medical care. Therefore, in consideration for the above referenced arrangements, the undersigned hereby agree to release, discharge, indemnify and hold harmless The Roman Catholic Bishop of San Jose, a Corporation Sole, its constituent organizations, including, but not limited to St. Simon Parish and their officers, agents and employees, from any and all claims for personal injuries, property damages, or indebtedness for medical treatment expenses that I/We or my/our child may suffer as a result of this arrangement whether or not such injuries, damage, or indebtedness are caused by the negligence (whether active or passive) of any of the entities or individuals named or described above.

Dated: _____

If more than one parent/guardian, both must sign.

Signature of Parent or Guardian

Signature of Parent or Guardian

VIDEO/PHOTO RELEASE

I hereby *grant permission / do not grant permission* (circle one) to St. Simon Catholic Church to videotape/ photograph my child and without limitation, to use such photos, videos and/or stories in connection with any of the work of St. Simon Catholic Church without consideration of any kind, and I do hereby release the parish, the Pastor, the parish employees and volunteers from any and all claims whatsoever which may arise in said regard.

St. Simon Catholic Parish agrees that the student's name, picture, art, voice, verbal statements, portraits (video or still) shall only be used for public relations, public information, parish promotion, publicity, and instruction. St. Simon Catholic Church further agrees that children under the age of 18 years who appear in a photograph or video will not be identified by any personal details such as name, address (e-mail or postal), telephone or fax numbers, or classroom assignment.

St. Simon Catholic Church will immediately comply with any request by a parent or legal guardian for the removal of specific photographs featuring their child or references to their child's name. Keep in mind that St. Simon Catholic Church has no control over media/ pictures/statements which are taken by anyone other than our parish employees and volunteers.

Student and Parent/Guardian understand and agree that photos, videos and/or student statements may be used in subsequent years.

If the Student and/or Parent/Guardian wish to rescind this agreement they may do so at any time with written notice.

Child's Name: _____ **Effective Date of Agreement:** _____
(Print Name)

Signature of Parent or Guardian

Signature of Parent or Guardian

2009 - 2010

Child's _____
(PRINT) first name last name

STUDENT EMERGENCY INFORMATION FORM

Please **PRINT all information**, **sign, date the bottom** and **return** this form to the St. Simon Parish Office.

Student Name _____ DOB _____ M/F _____ Grade _____

Complete Address: _____

	Parent(s) living with student		Parent at different address
	MOTHER	FATHER	
Name	_____	_____	_____
Address	_____	_____	_____
Relation	_____	_____	_____
Employer	_____	_____	_____
Work#	_____	_____	_____
Home #	_____	_____	_____
Cell #	_____	_____	_____
E-mail	_____	_____	_____
Pager #	_____	_____	_____

WHEN PARENTS CANNOT BE REACHED, CALL THE FOLLOWING: *Please Print*

These people are authorized to act in our absence and will be informed that their names have been given to St. Simon Parish for this purpose. These persons are additionally authorized to pick up our child in case of illness/emergency or disaster when we, the parent(s)/guardian(s), cannot be reached.

	Contact #1	Contact #2
Name	_____	_____
Home #	_____	_____
Cell #	_____	_____
Relation	_____	_____

DOCTOR/DENTIST/HOSPITAL INFORMATION: *Please Print*

Doctor:	_____	Phone #	_____
Dentist:	_____	Phone #	_____
Preferred Hospital:	_____		

Parent Signature: _____ Date: _____

UPDATE this form AS NEEDED by calling the Parish Office at 650-967-8311.
HEALTH CONCERNS? SHARE them on the consent form on reverse side.