



Holy Spirit Catholic Church * Office of Faith Formation

1111 W. Danieldale Road * Duncanville, TX 75137 * 972.298.4971

**STUDENT MEDICAL AUTHORIZATION
AND RELEASE FORM**

The following named students are now under my control and in my custody. I hereby give my consent for these students to participate in any approved church activity on the premises of Holy Spirit Catholic Church. The parent/guardian herewith grants permission for church employees or representatives to secure medical services for these students if necessary.

Name of Student(s):

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

It is understood that even though all precautions to ensure the student's safety will be taken, the possibility of an accident still remains. Holy Spirit Catholic Church does not assume responsibility in case an accident occurs. In consideration for the above named students being permitted to take part in such activities, I hereby release Holy Spirit Catholic Church from any and all liability and responsibility in connection with such activities and hereby release all of said parties from all liability by reason of any accidents, injuries or losses suffered by said students while participating in any activity at Holy Spirit Catholic Church, and I agree to indemnify and hold all of said parties harmless from all claims hereafter made by or on behalf of the above named students and their parents, heirs, executors or assigns.

Parent/Guardian Signature: _____

Date: _____ Telephone #: _____

Witness: _____

PLEASE COMPLETE REVERSE SIDE

PERSONS TO CONTACT IN CASE OF EMERGENCY:

_____ PHONE # _____
_____ PHONE # _____
_____ PHONE # _____

INSURANCE INFORMATION:

Name of Insurance Carrier: _____
Address: _____
Phone #: _____
Policy Holder's Name: _____
Policy #: _____ Group #: _____

FAMILY DOCTOR:

Name: _____ Phone #: _____

Please list all allergies, medical information (diabetes, asthma, etc.) and medications, if applicable, for each student.