

FAMILY LAST NAME:

MEDICAL TREATMENT AUTHORIZATION and INSURANCE INFORMATION

I hereby authorize any reasonable and necessary medical treatment, administration of anesthesia, and surgical treatment for my minor child(ren) in the event of my absence, or when the hospital or physicians are unable to contact me. This authorization extends to any hospital, physician, and nursing personnel on staff where treatment is rendered. I release from liability and waive all claims (with the exception of liability and claims resulting from gross negligence or willful misconduct) against St. Francis of Assisi Church, church staff, church volunteers, the hospital, physicians, and nursing personnel for performing reasonable and necessary medical procedures in accordance with the authority of this consent for medical treatment.

Insurance Company: _____ Identification Number: _____

Policy Number: _____ Group ID Number: _____

Child(ren)'s Full Names:

PICK-UP AUTHORIZATION

ONLY the parents listed on the Religious Education registration form are authorized to pick up your child(ren).

If other individuals, in addition to parents, are authorized to pick up your child(ren) from class, please list their names below:

Name: _____ Relationship to Child(ren): _____

Name: _____ Relationship to Child(ren): _____

Name: _____ Relationship to Child(ren): _____

POLICIES/PROCEDURES CONSENT

I understand that my signature authorizes the medical treatment and pick-up consent given above and indicates that I will abide by the policies and procedures of the St. Francis Religious Education and Youth Ministry Programs as outlined in the Parent Handbook.

Parent Signature:

Date:

2018-19 Religious Education/Youth Group Authorizations
Parish

St. Francis of Assisi

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