

**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 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
Name of Parent(s)/Guardian(s)	School Name

I, the undersigned parent or guardians voluntarily wish 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 with 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 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.

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Continued on the reverse side.

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

Daytime Phone Number(s) of Parent/Guardian	Nighttime Phone Number(s) of Parent/Guardian
Pager/Cell Phone Number(s)	Child's Date of Birth
Emergency Contact other than Parent/Guardian	Phone Number(s)
Allergies (food, drugs, insects, etc.)	
Medications (name, dosage, reason)	
Other Information or Special Health/Physical Consideration (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 the 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: \_\_\_\_\_

Date Release Received	Received By
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