EMERGENCY NOTIFICATION AND RELEASE OF LIABILITY FORM RELIGIOUS EDUCATION ST. MARY CATHOLIC CHURCH, WIMBERLEY, TX

Complete one form per child

If you would like St. Mary to notify you by **text message** in the event of bad weather or some other reason that Religious Education classes are cancelled in the future, please sign and date this form to give your permission for this service.

Your child's name:	
Parent cell phone #:	Cell phone: Sprint Verizon AT&T T-Mobile
Home phone #:	
Name of Parent or Legal Guardian:	
Parent or Legal Guardian signature:	Date
St. Mary Catholic Church Release and Liabilit Emergency Information, Release, and Autho	•
event of serious injury or accident requiring medical tre	rm to be on file for any child participating in a Parish sponsored event in the unlik atment. This release gives us permission to transport your child to the nearest emergency response vehicle and to authorize medical treatment for your child.
permission to act on my behalf to seek emergency treat parties may transport or authorize transport of my child	cipating parish, St. Mary Catholic Church, activity sponsors, or lay personnel ment for my child in the event that such treatment is necessary. The mentioned if necessary. I give permission to those administering emergency treatment to dot interest of my child. I absolve the named parties and persons from liability in
Child's Full Legal Name:First	Middle Last
Parent or Legal Guardian Name:	
Parent or Legal Guardian Signature:	Date
Home Address:	City: State: Zip:
Home phone #: Father or Legal	Guardian Cell #: Mother Cell #:
Alternate Adult Emergency Contact (if we cannot rea	ch parents/guardian):
Alternate Adult Emergency Contact (if we cannot rea	ch parents/guardian) phone #:
Child's date of birth:	
Family Physician:	Physician's Phone:
Preferred Hospital:	
Allergies:	Chronic Conditions:
Current Medications:	

FAMILY PERMISSION FORM FOR STUDENT PICK-UP

The following people have permission to pick up my children from St. Mary Catholic Church, R.E. class on Wednesdays for the R.E. year 2023 -2024.

Please	print (clearl	v

PARENT / GUARDIAN*	PHONE	CELL PHONE
*must be prepared to show I.D.		
dren's Names:		
FIRST NAME	LAST NAME	R.E. GRADE / CLASS
•		nged from previous year.
information provided on	last year form.	
ent or legal guardian signatu		Date

Office use only: Give a copy of this form to each student's teacher.