



Holy Name Cathedral
Religious Education Program
Medical Release
2016-2017

Please print legibly or type:

Child's Full Name: _____

Date of birth: _____

Legal Guardian's Full Name: _____

Cell phone or primary phone in case of an emergency: _____

Doctor's Name: _____ Phone: _____

Hospital Name: _____ Phone: _____

Medical Release

In the event that the undersigned, or my (our) authorized physician, cannot be reached and in the judgment of Thomas L. Aspell, Director of Religious Education, or other appropriate staff member, there is a necessity for immediate examination and/or treatment of my (our) child, I (we) hereby request and authorize any of the aforesaid personnel to obtain for my (our) child such medical services as are deemed necessary. I agree to assume the financial responsibility for any diagnosis/treatment and for medication deemed necessary.

Release for the 2016-2017 Holy Name Cathedral Religious Education Program

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date