



Holy Name Cathedral
Religious Education Program
Medical Release
2019-2020

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 2019-2020 Holy Name Cathedral Religious Education Program

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date