

Our Lady of Hope Catholic Church
Religious Education Registration 2018-2019
MEDICATION ACKNOWLEDGEMENT

Child's Complete Name

Date of Birth

Child's Health Condition

[Please check one]

- My child does NOT have a medical condition.
- My child has a medical condition and I will stay with my child.
- My child has a physician order stating they are deemed responsible to carry their own medication and have undergone the training required to self-administer the medication.

I understand that the parish does not have any medical personnel on-site and I take full responsibility for any reactions or health problems related to my child's health condition while he or she attends religious education classes or other related functions. I give consent, that in the event of an emergency any members of the parish may contact 911 in order for emergency care to be provided to my child.

I further agree to indemnify _____ (Parish), any of its staff members, its volunteers, and the Diocese of Arlington for any and all expenses incurred from actions due to complications my child experiences because of the above-named health condition, including the costs for emergency transport to a health care facility.

I freely execute this Acknowledgement with full knowledge of its content.

Parent or Guardian Signature

Date