

Contacts in case of emergency that the student may be released to other than parents/guardians:

Emergency Contact _____ Relation _____ Phone _____

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Name *Please list allergies, special needs, considerations, and learning disabilities:*

"The Sunday Eucharist is the foundation and confirmation of all Christian practice. For this reason the faithful are obliged to participate in the Eucharist on days of obligation, unless excused for a serious reason (for example, illness, the care of infants) or dispensed by their own pastor. Those who deliberately fail in this obligation commit a grave sin."
 --- *Catechism of the Catholic Church, p. 526, Article 2181*

CHURCH ATTENDANCE: I understand that weekly Church attendance is an indispensable component of my child's Religious Education.

_____ Initials

As the parent/guardian of the above named student(s), I hereby give permission for his/her participation in activities sponsored by the Religious Education Office of Our Lady of Refuge Church. I agree to direct my child(ren) to cooperate and conform to directions and instructions from all persons responsible for these activities. As a condition of my child(ren) being allowed to do so, I hereby release and discharge the Archdiocese of Los Angeles, its constituent organizations, employees, and volunteers from any and all claims for personal injury or property damage that he/she may suffer as a result of his/her participation.

_____ Initials

I hereby authorize the making of photographs, videotapes, and recordings of said events and my child(ren)'s participation therein, and the publication and duplication or other use thereof. I hereby waive any right to compensation or any other rights that otherwise might have to limit or to control such making or use.

_____ Initials

I hereby give permission to the physician, nurse, dentist, or licensed care staff selected by the supervisory personnel then present to render medical, dental, or other appropriate treatment necessary in case of an emergency.

_____ Initials

FOR OFFICE USE ONLY

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Date	Receipt	Check # or \$	Amount	Balance	Received by

DISASTER RELEASE INFORMATION:

Date	Student	Was Released to (Name, ID#, Phone)	Purpose	Time	OLR Rep.

