



Growing With God

LIABILITY RELEASE WAIVER FORM Please Complete One Form For Each Child



Student's Name: _____

I, _____ (parent/guardian name), give permission for my above named son/daughter to attend the Growing with God Sunday School Program at St. Stephen Deacon & Martyr. I hereby release and indemnify St. Stephen Parish and its staff and volunteers and the Catholic Bishop of Chicago from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this program.

I understand that if an emergency arises, either medical or non-medical, I will be contacted, via the board with my child's assigned number, during the Mass. I understand that a responsible party is to be in attendance at Mass during the program and be capable of handling all emergencies.

If needed for emergency health reasons, I give permission for my child to be evaluated, diagnosed, treated, and/or given medication in accordance with standard medical practice by licensed medical personnel. Finally, I agree to accept any and all financial responsibilities as a result of scheduling medical treatment.

My child agrees to abide by all the rules and regulations stated by St. Stephen staff. I understand that St. Stephen Parish will not be liable if my child fails to cooperate with regulations, and that any infraction of the rules may result in immediate dismissal from the program.

(Parent/Guardian Signature) (Date)

Medical Information:

Regular Physician _____ Phone: _____

Please list all allergies or special concerns your child may have: _____

