

AUTHORIZATION TO CONSENT TO EMERGENCY MEDICAL CARE AND WAIVER & RELEASE FORM

I/We _____, the undersigned, are the parent(s) having legal custody or the person having legal custody or the legal guardian of _____, who was born on _____.

I/We hereby authorize the administration at St. Simon Parish where _____ is enrolled to consent to and agree to pay for, on my/our behalf any emergency medical, dental, surgical, or hospital care treatment, or diagnosis to be rendered to or for _____ under the general or special supervision of a physician/surgeon or dentist pursuant to Section 6910 of the California Family Code and/or Section 1317 of the Health and Safety Code of California. It is expressly understood and agreed that an "emergency" shall be determined at the discretion of the staff of St. Simon Parish. If the undersigned has left an emergency number on file at St. Simon Parish, reasonable attempts will normally first be made to contact the undersigned or his designee at such number(s) prior to contacting an emergency treatment organization.

The following information will aid in safe, immediate care by medical personnel:

Date of last tetanus immunization: _____

Known allergies to medications: _____

I/We understand that St. Simon Parish is not legally obligated to make the above referenced consents for medical care. Therefore, in consideration for the above referenced arrangements, the undersigned hereby agree to release, discharge, indemnify and hold harmless The Roman Catholic Bishop of San Jose, a Corporation Sole, its constituent organizations, including, but not limited to St. Simon Parish and their officers, agents, and employees, from any and all claims for personal injuries, property damages, or indebtedness for medical treatment expenses that I/We or my/our child may suffer as a result of this arrangement whether or not such injuries, damage, or indebtedness are caused by the negligence (whether active or passive) of any of the entities or individuals named or described above.

Dated: _____

Signature of Parent or Guardian Signature of Parent or Guardian
If more than one parent/guardian, both should sign

Video/Photo Release Form

I hereby grant permission do not grant permission to St. Simon Catholic Parish to videotape or photograph my child and without limitation, to use such photos, videos and or stories in connection with any of the work of St. Simon Catholic Parish without consideration of any kind, and I do hereby release the parish, the Pastor, the parish employees and volunteers from any and all claims whatsoever which may arise in said regard.

St. Simon Catholic Parish agrees that the student's name, picture, art, voice, verbal statements, portraits (video and still) shall only be used for public relations, public information, parish promotion, publicity, and instruction. St. Simon Catholic Parish further agrees that children under the age of 18 years who appear in a photograph or video will not be identified by any personal details such as name, address (email or postal), telephone or fax numbers, or classroom assignment.

St. Simon Catholic Parish will immediately comply with any request by a parent or legal guardian for the removal of specific photographs featuring their child or references to the child's name. Keep in mind that St. Simon Catholic Parish has no control over media/pictures/statements which are taken by anyone other than our parish employees and volunteers. Student and Parent/Guardian understand and agree that photos, videos and other student statements may be used in subsequent years. If the Student or Parent/Guardian wish to rescind this agreement they may do so at any time with written notice.

Student Name: _____ Effective Date of Agreement: _____

Signature of Parents/Guardians _____