



St. Mary's Catholic Church & School

Faith - Scholarship - Leadership - Service

Student Shadowing: Medical Consent to Treat

We are very happy to have your child visit our school to become acquainted with the other students and teachers. In our love and concern for your child's safety, we need the following information:

Planned Shadow Date: _____ Shadow Grade: _____

Student Name: _____ Date of Birth: _____

Father: _____ Phone Number: _____

Mother: _____ Phone Number: _____

Emergency Contact: _____ Phone Number: _____

Student Home Address: _____

Who will pick-up your child? _____ Phone Number: _____

My son/daughter is allergic to the following: _____

My son/daughter has the following limitations or special needs: _____

To the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. In the event of an emergency, I give permission to transport my child to a hospital and seek emergency treatment. I wish to be contacted as soon as possible regarding any emergency care necessary.

I realize that the school does not have to agree to allow my child to visit with a class. I understand that the school's agreeing to allow my child to visit is for my benefit and my child's benefit. Such agreement by the school is adequate consideration of my agreements contained herein. In consideration for the school agreeing to allow my child to visit, I agree to indemnify and hold harmless the Diocese of Tyler, its servants, agents, and employees, including but not limited to the parish, the school, the principal and individuals from any and all claims, demands, or causes of action. I, on behalf of myself, any other parents/legal guardians of the child, and the child, hereby release and waive any and all claims, demands, or causes of action against the Diocese of Tyler, its agents, servants, or employees, including but not limited to the parish, the school, the principal and all other individuals at St. Mary's Catholic School.

Printed Name of Parent/Legal Guardian

Date

Signature of Parent/Legal Guardian