

**Church of the Holy Spirit–Sunday Pre-School Program  
2007/2008 Registration/Medical Information/Consent: Release of Liability**

Annual Registration Fee: \$30.00 for one child; \$15.00 for each additional child in the family  
Mail to: Holy Spirit Church, 3159 – Land Park Dr. Sacramento 95818

Student's Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact (Name/Phone Number) \_\_\_\_\_

Student's Date of Birth \_\_\_\_\_

MEDICAL INFORMATION

Family Physician & Phone# \_\_\_\_\_

Health Plan Name/Policy # \_\_\_\_\_

**CURRENT MEDICATIONS** (Name, dosage, times) \_\_\_\_\_

**LIST ALL ALLERGIES TO FOOD OR DRUGS** \_\_\_\_\_

Last Tetanus Shot (Month/Year) \_\_\_\_\_

CONSENT TO TREAT

I (We) the undersigned parent(s) or legal guardian(s) of \_\_\_\_\_, a minor, do hereby authorize treatment of my (our) child by a licensed medical physician in the case of any accident or illness may so arise, or any hospitalization necessary, and/or to provide first aid. I (We) further agree to pay any and all reasonable costs associated with treatment not covered by my (our) insurance.

**\*Signature of Mother/Legal Guardian** \_\_\_\_\_

Mother's home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

**\*Signature of Father/Legal Guardian** \_\_\_\_\_

Father's home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

RELEASE OF LIABILITY

As parent(s) or guardian(s) of the minor named above, I release, hold harmless and discharge the Church of the Holy Spirit and the Diocese of Sacramento, its staff, officers, directors, employees, agents, sponsors, promoters, and affiliates from any and all liability, claim, loss damage, cost or expense and waive any such claims against any person or organization arising directly or indirectly from or attributable in any legal way to any action or omission of any such person or organization with regard to the Catholic Faith Formation Program and its related activities.

**Signature of Mother/Legal Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Father/Legal Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_