

**PARENTAL/GUARDIAN MANDATORY HEALTH FORM AND LIABILITY WAIVER**  
**Diocese of Yakima and the Parish of the Holy Spirit**

Please print

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Phone \_\_\_\_\_

**EMERGENCY CONTACT PERSON:**

Parent/Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Address (if different from student) \_\_\_\_\_

**ALTERNATE CONTACT PERSON: (use someone near the primary contact)**

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

\*\*\*\*\*

I, \_\_\_\_\_, permit \_\_\_\_\_ to take part in classes, field trips,  
Print parent/guardian name Print student name

youth activities, and other activities sponsored by the Parish of the Holy Spirit, Kennewick, WA, whether said function is held in the city of Kennewick or out of town. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor student. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Parish of the Holy Spirit, its teachers, its officers, directors & agents, and the Diocese of Yakima, chaperones or representatives associated with any of the above mentioned activities, arising from or in connection with my child attending the activity or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Diocese of Yakima, chaperones, or representatives associated with the activity for reasonable attorney's fees and expenses arising in connection therewith. I give permission to use photos or videos of my child taken during program activities for future program promotion purposes.

**Signature of parent/guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Emergency Medical Treatment:** In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact the "Alternate Contact Person" I have listed above.

**Signature of parent/guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

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**Insurance information:** Family Physician name and phone \_\_\_\_\_

Family Health Plan Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

**Specific Medical Information:** The parish will take reasonable care to see that the following information will be held in confidence.

Medications presently taking: \_\_\_\_\_

Date of last tetanus/diphtheria immunization: \_\_\_\_\_

Allergic reactions (medications, foods, plants, insects, etc.): \_\_\_\_\_

Any physical limitations \_\_\_\_\_

Other information regarding you child's physical, medical, or emotional well-being which will help us to best meet his/her needs: \_\_\_\_\_