

**ST SEBASTIAN PRESCHOOL  
PERMISSION FORM  
MEDICAL RELEASE AND HEALTH INFORMATION**

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**Child's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Parents/Guardians Name(s)** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Numbers: Home** \_\_\_\_\_ **Work** \_\_\_\_\_ **Cell** \_\_\_\_\_

Is there anyone, who by court order or decree, designated as the primary or sole custodial parent?

\_\_\_\_\_

Name anyone who has been restrained from picking up the child: \_\_\_\_\_

**Medical Information:** Medical conditions, disabilities, physical handicaps, restrictions, prescription medication, allergies (food, latex, animals, plants, etc):

\_\_\_\_\_

\_\_\_\_\_

I understand that I will be contacted immediately in the case of an emergency. In case of medical or surgical emergency, I hereby request and give permission to St. Preschool staff for the hospitalization and/or provision of necessary medical treatment for the above named child. I understand that I am responsible for the cost of any medical treatment (including surgery) received by my child. I hereby release SS Preschool staff from all responsibility for sickness or accidents that may occur. Please understand that depending upon the seriousness of the situation, your child may be transported to the nearest hospital.

**I hereby give the above named child my permission to participate in any and all activities.** I/We the parent/parents do hereby further generally, fully, completely and absolutely hold harmless the Diocese of Owensboro and the above named organization, including but not limited to, employees and leaders from any and all liability of any kind or nature whatsoever. In case of injury to my/our child, I/we hereby waive all claims against the parties set forth above, and further agree to fully indemnify and hold said parties harmless from any liability whatsoever. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. I/We believe that the subject of this release is physically and mentally capable of taking reasonable precautions to protect his/her own safety and has the maturity and judgment not to put himself/herself or others in dangerous situations.

**Emergency names and numbers to call if you can not be reached.**  
**(Please list at least 2 besides parents)**

\_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Received by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Signature of Director/Teacher)

**Please list on the back any other information concerning your child not listed above.**

**May we have permission to photograph your child? Yes No**  
**May we post your child's picture on our website? Yes No**