## Catholic Diocese of Memphis/Incarnation Catholic Church 2025-2026 HEALTH & MEDICAL RELEASE

Emergency Contact (other than parent)_	
Relationship to child	Phone #

 Student's Name
 Medications during school

 Does the student have any health conditions of which we should be aware of? (Allergies, Seizures, etc.)

Does the student have any special learning differences of which we should be aware? (ADD,ADHD, etc.)

Student's Name \_\_\_\_\_ Medications during school \_\_\_\_\_ Does the student have any health conditions of which we should be aware of? (Allergies, Seizures, etc.)

Does the student have any special learning differences of which we should be aware? (ADD,ADHD, etc.)

## RELEASE OF LIABILITY

- I authorize the Incarnation Staff to summon emergency medical treatment in the event my child/children become seriously ill or injured, and I further release Incarnation Staff and the Diocese of Memphis from any and all liability and waive any claims against them regarding any accident or injury by participating in any activities of an Incarnation program.
- My signature gives Incarnation Church permission to photograph or videotape my child at Incarnation PRE or any PRE activity. This photo may be published in the newspaper, church website, or weekly bulletin. \*(If not, please attach your decline in writing)
- The VIRTUS Teaching Safety- Empowering God's Children will be presented in the PRE program each year. This program is an implementation of the Charter for the Protection of Children and Young People adopted in 2002 by our nation's bishops. Note: Any parent is permitted to "opt out" of the VIRTUS Teaching Safety Program for Children, excluding their child from this presentation. To opt out, please contact the PRE department.

I am enrolling my child in the Incarnation Parish Religious Education program and I understand that as a parent, I am primarily responsible for the on-going religious formation of my child, including regular attendance at Mass, reception of the sacraments, participating in the life of the parish and ensuring my child regularly attend PRE classes.

Signature:	Date:	
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*Turn over for registration form.*