

Roman Catholic Diocese of Albany  
40 North Main Avenue, Albany, New York 12203

MEDICAL CONSENT, PERMISSION AND RELEASE FORM – Extra Curricular

I, \_\_\_\_\_, am the parent or legal guardian of  
(name of parent or guardian)

\_\_\_\_\_ authorize the employees, representatives and chaperones of  
(name of student)

Catholic Central High School to obtain emergency medical treatment, should it be necessary, during  
my child's attendance and participation in the \_\_\_\_\_  
(event)

on \_\_\_\_\_.  
(date of activity)

I understand that I will be notified immediately should it become necessary to obtain emergency treatment. The person(s) who should be notified and the telephone number(s) are:

Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_

I consent and give permission for my child's participation and attendance in this activity. In consideration of my child's attendance and participation, I hereby, for myself my heirs, executors, administrators and assigns, waive and release any and all claims for damages I may have against CCHS, The Roman Catholic Diocese of Albany, New York, their representatives, chaperones, employees, successors and assigns arising out of any and all injuries by my child while participating in this activity.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
(parent/guardian)

As a student of CCHS, I understand and agree to follow the rules and regulations as determined by the School, Parish, and the Diocese of Albany for this activity. I also understand and agree that I will notify my parent or guardian at the time of any violations requiring my dismissal from the activity and that I will be sent home at my own and/or my parent's/guardian's expense.

Parent/Guardian

Student Participant

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

We are God's people sharing a responsibility to witness God's unconditional love and to bring Christ's healing presence to our world.