

Agreement to be Used in Case of Child with Severe Medical Condition

What is Child's medical condition?

Course of action to be followed during Parish Religious Education session:

The parent and the Director of Religious Education agree on the following course of action:

What medication will be administered? _____

Who will administer medication?

(Name of Person) (Role of Person, e.g. Director)

Where will this medication be kept so as to be readily available?

What medical device will be used? _____

Who will use the medical device?

(N.B. If child cannot administer the device, e.g. epi-pen, only parent or adult designated by parent should administer it)

(Name of Person) (Role of Person)

Where will this device be kept so as to be readily available?

What other actions will be taken and by whom?

Signatures:

Parent/Guardian _____ Date: _____

Director of Religious Education _____ Date: _____

Signature of any other person involved: _____ Date: _____

In the event that emergency medication or medical treatment is administered, the undersigned, his/her personal representatives, heirs and assigns, DO HEREBY RELEASE, DISCHARGE AND COVENANT NOT TO SUE the Religious Education Program, the parish, or the Archdiocese of New York (the "releasees") for any and all claims or liability arising out of the administration of emergency medication or medical treatment and further agree to hold releasees harmless and indemnify releasees from any claim, judgment or expense releasees may incur by administering emergency medication or medical treatment.

I HAVE READ THIS DOCUMENT. I UNDERSTAND IT IS A RELEASE OF ALL CLAIMS. I VOLUNTARILY SIGN MY NAME EVIDENCING MY ACCEPTANCE OF THESE PROVISIONS.

Signatures:

Parent/Guardian _____ Date: _____