

St. Elizabeth Ann Seton Religious Education

914.528.8553 / Fax: 914.528.1880

Email: setonre@bestweb.net

Website: www.seton-parish.org

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

Child's Name _____ Level _____ Session _____

What is your child's medical condition? _____

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

- _____
- _____
- _____
- _____
- _____

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

What medication will be administered? _____

Who will administer medication? _____

Relationship Telephone # Where will he/she be during child's session

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

What medical device will be used? _____

Where will device be kept, so as to be readily available? _____

Who will use the medical device? _____

Relationship Telephone # Where will he/she be during child's session

If child can't self-administer the device, e.g. Epi-pen, only parent or designated adult may administer.

What other actions will be taken? _____

Whenever emergency medication is administered, "911" will be called without exception.

Parent/Guardian Signature: _____

Date: _____

CRE Signature: _____

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 “releases”) for any and all claims or liability arising out of the administration of emergency medication or medical treatment and further agree to hold releases harmless and indemnify releases from any claim, judgment or expense releases 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 _____