

Consent, Medical Care Authorization, and Release
Reference: Administrator’s Manual Policy # 2240

A new consent form must be completed at the beginning of each school year.

We consent for our child(ren), _____
 (hereinafter referred to as “our child(ren)”) to participate and attend _____
 _____ (“school”) and in any activity or trip
 sponsored by the school of the Archdiocese of Denver or any of its affiliated agencies. In
 exchange for the participation of our child(ren) in such activities, we agree to the following.

We authorize the Designated Supervisor(s) to authorize and consent to any medical care for our
 child(ren) that he or she reasonably believes necessary, including, but not limited to,
 hospitalization or surgery. We agree to pay any expenses related to such medical care. We
 understand and acknowledge that the Designated Supervisor(s) will attempt to obtain our
 permission by telephone before authorizing or consenting to any medical care for our child(ren)
 if time and conditions permit.

We understand and acknowledge that any medical expenses related to illness or injury to our
 child(ren) are not covered by any insurance program maintained by the Archdiocese of Denver,
 and that we are responsible for such expenses.

We, individually, and in our capacities as parent and guardians acting on our own behalf and on
 behalf of our child(ren), release the Archdiocese of Denver, and all of its affiliated agencies,
 schools, and their respective priests, religious men and women, deacons, teachers, principals,
 agents, employees, and volunteers, from all demands, claims, or liability, in low or in equity,
 which has arisen or may arise, for any damage, loss, illness or injury to our child(ren), including
 but not limited to claims arising out of allergic reactions, and waive any such demands, claims,
 or liability.

We further agree to indemnify and hold harmless the Archdiocese of Denver, as well as, any of
 its affiliated agencies and their respective agents, directors, officers, employees, and volunteers,
 from any and all claims demands made against any of them for any damage, loss, illness or
 injury to our child(ren).

Child(ren) Names

Date

Signature, Mother

Date

Signature, Father