

**ST. FRANCIS OF ASSISI  
TOTUS TUUS CATECHETICAL PROGRAM  
MEDICAL PERMISSION AND LIABILITY WAIVER**

Registered Student One \_\_\_\_\_

Registered Student Two \_\_\_\_\_

Registered Student Three \_\_\_\_\_

Registered Student Four \_\_\_\_\_

**Medical Permission for Youth and Adults**

I grant permission in the event I/my child is injured or becomes ill for medical care to be administered to me/my child and to use my/our personal insurance to cover such incidents. I hereby give permission to the physician selected to render medical treatment deemed necessary and appropriate by the physician.

**Permission for Other Medical Matters**

\_\_\_\_ YES, in the event it comes to the attention of the diocesan and/or parish chaperones that my child complains of illness, I grant permission for non-prescription medication (such as Tylenol, lozenges, etc.) to be given to my child.

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

**Release of Liability for Youth and Adults**

I understand all reasonable safety precautions will be taken at all times by the Catholic Diocese of Wichita and the Office of Religious Education and its agents during Totus Tuus activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold the Catholic Diocese of Wichita and the Office of Religious Education, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

**Code of Behavior for Youth and Adults**

I agree to abide by and/or instruct my child to abide by all rules and regulations as outlined by the Totus Tuus team and volunteers. I agree that if I/my child fail(s) to abide in any way by the rules, that I/my child can be dismissed from the class/event and sent home immediately at my expense with no right of reimbursement or refund for any amount in connection therewith from the St. Francis of Assisi and/or Totus Tuus.

Signature of Student One \_\_\_\_\_ Date \_\_\_\_\_

Signature of Student Two \_\_\_\_\_ Date \_\_\_\_\_

Signature of Student Three \_\_\_\_\_ Date \_\_\_\_\_

Signature of Student Four \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian\* \_\_\_\_\_ Date \_\_\_\_\_

\*Required if participant is under 18