

**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