



## Holy Family High School Consent, Medical Authorization and Release

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**Special Medical Need:** \_\_\_\_\_  
\_\_\_\_\_  
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We consent for our child, \_\_\_\_\_ (herein after referred to as “our child”) to participate and attend Holy Family High School (“school”) and in any activity or trip sponsored by Holy Family High School or any of its affiliated agencies. In exchange for the participation of our child 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 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 if time and conditions permit.

We understand and acknowledge that any medical expenses related to illness or injuries to our child are not covered by any insurance 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, release the Archdiocese of Denver, and all 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 law or in equity, which has arisen or may arise, for any damage, loss, illness or injury to our child, including, but 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.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature  
Mother of \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature  
Father of \_\_\_\_\_