



PRINCE OF PEACE  
CATHOLIC COMMUNITY

**Medical Release Form**

Prince of Peace Childcare Ministry

Date(s) \_\_\_\_\_ Valid September through June? Yes No

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

**1<sup>st</sup> Phone you can be reached at during this event** \_\_\_\_\_, Name \_\_\_\_\_

**2<sup>nd</sup> Phone you can be reached at during this event** \_\_\_\_\_, Name \_\_\_\_\_

In the event of a medical emergency, I authorize the adults organizing this childcare ministry permission to secure medical attention for my child until I can be reached and return.

I, \_\_\_\_\_, grant permission for my child(ren),

\_\_\_\_\_  
\_\_\_\_\_, to receive childcare at Prince of Peace on this date.

I agree on behalf of myself, my child's other parent, if known or living

\_\_\_\_\_ (name of other parent), my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Archdiocese of Galveston-Houston, Prince of Peace Catholic Church (its Pastor, and other agents, etc.) or any other representatives associated with the scheduled childcare unless the parties involved were careless and/or negligent.

\_\_\_\_\_  
Parent/Guardian Signature

If I can not be reached, contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_

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

Medication Allergies & Medicines currently taking: \_\_\_\_\_



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**Addendum to Medical Release Form**  
**For Multiple Children**

Date(s) \_\_\_\_\_ Valid September through June? Yes No

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Medication Allergies & Medicines currently taking: \_\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Medication Allergies & Medicines currently taking: \_\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Medication Allergies & Medicines currently taking: \_\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Medication Allergies & Medicines currently taking: \_\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Medication Allergies & Medicines currently taking: \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

**1<sup>st</sup> Phone you can be reached at during this event** \_\_\_\_\_, Name \_\_\_\_\_

**2<sup>nd</sup> Phone you can be reached at during this event** \_\_\_\_\_, Name \_\_\_\_\_

If I can not be reached, contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

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