



**SARATOGA CENTRAL CATHOLIC SCHOOL**

247 Broadway, Saratoga Springs, NY 12866

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www.saratogacatholic.org

**Medical Consent, Permission and Release Form  
(Extra Curricular)**

I, \_\_\_\_\_, am the parent or legal guardian of  
(Name of parent or legal guardian)

\_\_\_\_\_, authorize the employees, representatives, and chaperones of  
(Name of Student)

*Saratoga Central Catholic School* to obtain emergency medical treatment, should it be necessary, during my child's attendance and participation

in *Saratoga Central Catholic School* and \_\_\_\_\_, on \_\_\_\_\_.  
(Description of Activity) (Date of Activity)

I understand that I will be notified immediately should it become necessary to obtain emergency treatment. The person(s) who should be notified and the telephone number(s) are:

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

I consent and give permission for my child's participation and attendance in this activity. In consideration of my child's attendance and participation, I hereby, for myself, my heir, executors, administrators and assigns, waive and release any and all claims for damages I may have against *Saratoga Central Catholic School, the Roman Catholic Diocese of Albany, New York*, their representatives, chaperones, employees, successors and assigns arising out of any and all injuries by my child while participating in this activity.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Parent/Guardian)

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As a student of *Saratoga Central Catholic School*, I understand and agree to follow the rules and regulations as determined by the school and the Diocese of Albany for this activity. I also understand that I will notify my parents or guardians at the time of any violations requiring my dismissal from the activity and that I will be sent home at my own and/or parent's/guardian's expense.

**Parent/Guardian**

**Student Participant**

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_



**Omnia Pro Deo - All For God**

