



# Annunciation Austin

Education Enriched through Faith and Family

## Authorization to Provide Medical Care & Release from Liability

As the parent of \_\_\_\_\_,  
(Student's Name(s))

I, \_\_\_\_\_, hereby authorize  
(Parent's Name)

Annunciation Austin and its representatives and employees to make arrangements for my child, named above, to receive emergency medical care in the event that my child requires such care and I am unable, or my spouse is unable, to arrange such care at the time of the emergency. I additionally authorize Annunciation Austin to transport the child named above to the physician or hospital I have specified on Annunciation Austin's "Medical Information" form (or to other available qualified physicians or hospitals if the circumstances of the emergency require it). And I further authorize the attending physician and treating hospital or their qualified representatives to administer such medication or medical procedures as they deem necessary to meet the emergency. I also agree to assume financial responsibility for all such medical services and related expenses, including the cost of defense and enforcement of this agreement, including the indemnity provisions set forth below. I further understand and agree that Annunciation Austin may administer simple first aid in the event of minor injuries to the child named above, and that family members or doctors will be called when, at the discretion of Annunciation Austin, it is deemed necessary.

In addition, I hereby release Annunciation Austin and its representatives and employees from liability for injuries to my child, named above, while in the care and under the supervision of Annunciation Austin faculty or authorized representatives on the premises of St. Thomas More Catholic Church in Austin, Texas, or on the premises of the Schoenstatt Movement Center at 225 Addie Roy Road in Austin, Texas, or elsewhere.

I represent that I am the parent of the child named above and I am fully responsible for the care and well-being of this child. I agree that Annunciation Austin shall not be liable for any damages, claims, or compensation of whatever nature (including liabilities for negligence, strict liability, or otherwise) that may arise in the name of or for the



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benefit of the named child, or in the name of or for the benefit of any other person as a result of personal injury to the named child while in the care and under the supervision of Annunciation Austin faculty or authorized representatives, including any injuries sustained while the named child is being transported; and I hereby agree to indemnify and hold harmless Annunciation Austin and its representatives, whether paid or volunteer, against any and all claims that may arise from any injury to the named child while participating in or being transported to programs of Annunciation Austin.

By signing below, I affirm that I have read the forgoing release statements and concur with them in all respects.

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

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