

# SUMMER CATECHESIS MEDICAL AND PHOTO RELEASE 2017

PLEASE PRINT

This information must be filled out **each year.**

- 1 Photo Permission:** During the year, we sometimes take photos/videos of classroom activities, special projects, grade level events, etc. These images are used for the sole purpose of visually enhancing our parish bulletin, Religious Education Connection newsletter, parish website, displays at parish events, annual reports and occasionally are used in local or diocesan newspapers. Please note that no information (except for first name & grade level) would be published - only images of your child(ren) participating in a St. Joseph Catholic Church sponsored activity or event.

**Please check one:**       Yes, I DO       No, I DO NOT

give permission for my child's/children's picture to be used in the above manner.

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)

**2**

## Parent Contact Information:

## 3 Medical/Emergency Information:

Child's Last Name	Child's First Name	Entering Grade	Allergies - Food/Drug/Pets/Other

**Tetanus Immunization (up-to-date):** Yes  No

Name of physician \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Insurance # \_\_\_\_\_

### LOCAL EMERGENCY CONTACT (Other than the immediate family):

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

### MEDICAL RELEASE: For Summer Catechesis Programs 2017

In the event that the undersigned, or my (our) authorized physician, cannot be reached and in the judgment of the St. Joseph Catholic Church Staff, or other person responsible for the program/group, or other appropriate staff member, there is a necessity for immediate examination and/or treatment of my (our) child(ren), I (we) hereby authorize any of the aforesaid personnel to obtain such medical services as are deemed necessary.

Parent Name Printed \_\_\_\_\_

Parent Name Signature \_\_\_\_\_ Date \_\_\_\_\_

## 4 Special Needs/Comments: This information will be treated **confidentially.**

By becoming aware of the special situations which affect the children, we are better able to respond to their individual needs. We are aware that as parents, we sometimes hesitate to share certain things about our children. However, we encourage you to consider how valuable these insights will be in fostering understanding, compassion and patience. Please share as specifically as you can.

### Please Check One

There are no special needs/comments for my child(ren).

My child has the following special needs:

(ex: learning difficulties, attention deficit, hearing problems, medical conditions, emotional/social/behavioral problems, etc.)

\_\_\_\_\_  
\_\_\_\_\_