

MEDICAL AND PHOTO RELEASE 2010-2011

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 are only used in our parish bulletin, Family Faith Connection newsletter, for display at Religious Ed. or parish events, Parish Website, and occasionally in local or diocesan newspapers.
No children's names are ever listed.

Please check one: I do I do not give permission for my child's/children's picture to be used in the above manner.

(Parent Signature)

(Date)

2 Medical/Emergency Information:

Child's Last Name	First Name	Grade 2010/11	Allergies: Food/ Drug/Pets*/Other

*Be sure to list pet allergies for teens in 7th and 8th grade Home Group Program.

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

Name of physician _____ Phone _____

Medical Insurance Company _____ Insurance # _____

LOCAL EMERGENCY CONTACT (Other than the family):

Name: _____ Relationship: _____ Phone: _____

MEDICAL RELEASE: For the 2010-11 school year

In the event that the undersigned, or my (our) authorized physician, cannot be reached and in the judgment of Mrs. Regina Thibeau, Director of Religious Education, Mrs. Roz Camardella, Assistant Director of Religious Education, 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 _____

3 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).

There have been no changes in special needs/comments since I last informed you.

For any changes **OR** for new families: List below. Continue on the back if necessary.

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

