

MEDICAL AND PHOTO RELEASE (REQUIRED)

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 (name, grade level, etc.) would be published - only images of your child(ren) participating in a St. Joseph Religious Education 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:

Mother/Guardian Cell Phone: _____ Father/Guardian Cell Phone: _____

3

Medical/Emergency Information:

Child's Last Name	Child's First Name	Grade 2018/19	Allergies - Food/Drug/Pets*/Other

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

Name of physician _____ Phone _____

Medical Insurance Company _____ Insurance # _____

LOCAL EMERGENCY PICK UP AND CONTACT (Other than the immediate family):

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

_____ (Parent Signature) _____ (Date)



MEDICAL RELEASE: For the 2018/19 school year

In the event that the undersigned, or my (our) authorized physician, cannot be reached and in the judgment of the Director of Catechesis, 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.

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 (below)

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.)

_____ (Parent Signature) _____ (Date)

