

Emergency Information and Permission to Treat

Additional Contact in Case of Emergency:

Name: _____ Relationship: _____ Phone: _____

Special medical conditions:

Child's Name: _____ Condition: _____

Child's Name: _____ Condition: _____

Child's Name: _____ Condition: _____

Doctor for emergency: _____ Phone: _____

In case of accident or illness, I request that the representative of the parish Faith Formation program contact me. If I am unable to be reached, I hereby authorize this representative to call the physician indicated and to follow the physician's instructions. If it is impossible to contact this physician, I authorize the representative of the Faith Formation program to obtain medical treatment and/or medication deemed necessary. I hereby consent to, and authorize the necessary procedures that have been stated above.

Parent/Guardian Signature: _____ Date: _____

PHOTO-VIDEO RELEASE

I hereby give permission for my child/ren _____ to be photographed or videotaped during parish/youth activities during the school year of 2014–2015. I realize that the photo may be published in the newspaper, a magazine, other publication or website. The photo or video may be used for informational or educational purposes regarding the programs at St. Charles Borromeo parish.

Signed: _____ **Date:** _____

-or-

I DO NOT give permission by my child/ren _____ to be photographed or videotaped during parish/youth activities during the school year 2014–2015.

Signed: _____ **Date:** _____