

STUDENT EMERGENCY MEDICAL RELEASE FORM

One Student per Form

RETURNING STUDENT

STUDENT:	LAST	FIRST	MIDDLE	AGE	GRADE
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PARENT NAME:	PARENT CELL PHONE:
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SPECIFIC MEDICAL ALLERGIES, CHRONIC ILLNESS, MEDICATIONS, PHYSICAL OR MENTAL IMPAIRMENTS OR OTHER CONDITIONS OF THE MINOR NAMED ABOVE.

MINOR'S PHYSICIAN	PHONE NUMBER	INSURANCE CO. & POLICY #
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IN THE EVENT OF AN EMERGENCY AND PARENT/GUARDIAN CANNOT BE REACHED, PLEASE CALL THE FOLLOWING:

- 1)

NAME & RELATIONSHIP (i.e. Grandparent/Neighbor/Family Friend)	Cell Phone	Home Phone
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- 2)

NAME & RELATIONSHIP (i.e. Grandparent/Neighbor/Family Friend)	Cell Phone	Home Phone
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TO WHOM IT MAY CONCERN:

As a parent and/or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the minor, _____, in the event of a medical emergency which, in the opinion of the standing physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed.

This authority is granted only after a responsible effort has been made to reach me.

THIS RELEASE IS EFFECTIVE FROM AUGUST 2019 TO JUNE 2020

This release form is completed and signed by my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

PARENT OR LEGAL GUARDIAN SIGNATURE

DATE

PARENT OR LEGAL GUARDIAN NAME

DATE

ONE FORM PER FAMILY; PLEASE LIST ALL YOUR CHILDREN IN THE RE PROGRAM HERE

ST. JOSEPH CHURCH | RELIGIOUS EDUCATION

2019-2020

FAMILY PHOTO RELEASE FORM

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Yes, I grant St. Joseph Church the right to use pictures/videos taken of my child for use in the weekly parish bulletin, promotional displays, brochures, videos, news releases, parish-sponsored website, and other publications. In view of the mutual benefits resulting from said publicity, there will be no other form of pay or remuneration.

No, photos/videos of my child may not be used for the purposes listed above.

Parent/Guardian Name: _____ Date _____

Parent/Guardian Signature: _____ Date: _____

Please sign one form for your entire family;

include all your children in the RE program here

Safe Environment Program 2019-2020

Consistent with diocesan policy, St. Joseph Church will conduct Safe Environment training as part of the religious education curriculum. This curriculum is faith based and is designed to be taught in appropriate grade levels. A meeting will be held before the class is conducted to provide parents an opportunity to review the safe environment materials.

___ Yes, I give my consent for my child(ren) to participate in the Safe Environment training program.

___ No, I do not give my consent for my child(ren) to participate in Safe Environment training program.

___ I will attend the parent class and make my decision at that time.

PRINT (Parent/Guardian NAME) :

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Parent Acknowledgement Form for RE Program Handbook 2019-2020

This is to acknowledge that I/we have received the St. Joseph Church Family Handbook for Religious Education. We understand and agree to cooperate with parish policies set forth in the handbook.

PRINT (Parent/Guardian NAME) :
