**St. Patrick Parish Children’s Faith Formation**

**Medical Release Form**

Please list any allergies (be specific as to type and reaction), medications taken, medical conditions or special needs(all children):

***MEDICAL TREATMENT & INSURANCE INFORMATION***

Insurance Company:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BIN Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contract Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Group ID Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Emergency Medical Treatment Release***

I hereby authorize any reasonable and necessary medical treatment, administration of anesthesia, and surgical treatments for my minor child(ren) in the event of my absence, or when the hospital or physicians are unable to contact me. The authorization extends to any hospital, physician, and nursing personnel on staff where treatment is rendered. I release from liability and waive all claims (with the exception of liability and claims resulting from gross negligence or willful misconduct) against St. Patrick Parish, parish staff, volunteers, the hospital, physicians, and nursing personnel for performing reasonable and necessary medical procedures in accordance with the authority of this consent for medical treatment.

Child(ren) Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***PICK-UP AUTHORIZATION***

**NOTE: ALL STUDENTS 4 YEARS TO 2ND GRADE MUST BE ESCORTED TO AND FROM**

**THEIR CLASSROOM BY A PARENT OR AN ADULT**

Indicate below any or all individuals **NOT AUTHORIZED** to pick up your child(ren) from their class.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***AUTHORIZATION TO PUBLISH PICTURES AND ARTWORK***

I hereby grant permission to St. Patrick Parish to publish pictures of me and/or my child(ren), and any artwork created during the course of the Faith Formation Ministry, on the parish’s website or in the parish’s publicity information, newsletters, or bulletins. NO NAME WILL BE PUBLISHED ON THE WEBSITE. I understand that if I give notice to the religious education department that I object to any particular picture of me and/or my child(ren) on the website it will be removed immediately. I understand that neither I nor any child(ren) in question will be paid any royalty or other compensation for the publication of any pictures or artwork.

YES\_\_\_\_\_\_ OR NO\_\_\_\_\_\_\_ (Please check one).

***PERMISSION FOR WALKING FIELD TRIPS***

I give my permission for my child(ren):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in any walking trips that the class may take. YES\_\_\_\_\_ OR NO\_\_\_\_\_\_ (Please check one).

***PARENT, CUSTODIAN OR LEGAL GUARDIAN’S SIGNATURE***

I acknowledge and accept the terms and agreements in the above document.

Parent’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_