

ST. JOSEPH'S CHURCH FAITH FORMATION OFFICE 2013-2014
AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Child's Name _____ **Grade in Sept 2013** _____ Date of Birth _____

Parent/Guardian Name _____

Address _____

Home Phone # _____ Work Phone # _____ Cell/Pager # _____

Emergency Contact Name # 1 _____ Phone # _____

Emergency Contact Name # 2 _____ Phone # _____

PART I HOSPITALIZATION COVERAGE FOR THE ABOVE NAMED CHILD

Insurance company or other program: _____

Family Physician Name & Phone #: _____

Hospital Preferred: _____

Medical Concerns (e.g. allergy, chronic condition, etc.): _____

Learning Disabilities or facts concerning my child's learning that would prevent him/her from participating fully (reading problems, dyslexia, hearing difficulties, etc.): _____

NOTE: Should your child develop other medical concerns, please notify the Faith Formation Office immediately to update the medical information on file.

I/We, being the parent(s) or legal guardian(s) of the above named child, appoint the designated parish faith formation facilitator to act in my/our behalf in authorizing necessary emergency medical, dental, surgical care, and hospitalization necessary to protect the child's life or health while he/she is participating in any parish faith formation occurring July 1, 2013 through June 30, 2014.

Signature of Parent/Guardian: _____ **Date:** _____

PART II (REFUSAL TO CONSENT) COMPLETE THIS PART ONLY IF YOU DO NOT CONSENT TO EMERGENCY TREATMENT

I DO NOT give my consent for emergency medical treatment of my child. In the event of illness or emergency treatment being required, I wish the Faith Formation authorities to take **NO ACTION** or to follow these instructions: _____

Signature of Parent/Guardian: _____ **Date:** _____



**ST. JOSEPH'S CHURCH FAITH FORMATION OFFICE 2013-2014
AUTHORIZATION FOR PHOTO RELEASE**

We love to highlight our children and their families as we move through the year. We appreciate the opportunity to use candid photographs in presentations and promotional material published in the parish and school facilities including our websites, bulletins, presentations and worship services from time to time. Thank you!

Step One: Please list the name of each of your children, their grade and their age here:

Child's name	Grade in Sept 2013	Age

Step Two: Please Check (yes or no)

YES! I do consent to the use and reproduction of photography, videos and audio recordings taken during Faith Formation activities in which my child is reasonably identifiable.

NO. I do not consent to the use of any photography or audio recordings. I understand that it is my responsibility that when pictures are being taken my family/child will move out of the picture while shots are taken.

Signature of parent/guardian: _____ **Date:** _____

Consent includes the use and reproduction by St. Joseph's parish, St. Joseph school, and others authorized by the parish or school. Your consent is requested to promote these faith formation activities within the parish and school communities. No compensation will be paid for any reproduction of these materials. All negatives, prints, and video or audio recording media are the property of St. Joseph's parish and school. I give my consent without reservation.