

**St. Patrick's & St. Brigid's and St. Charles-St. Ann's 2018-19
Yearly Permission & Medical Release**

EMERGENCY CONTACT INFORMATION

Best number to reach a parent during Faith Formation classes or Field Trips, should an emergency occur:

Mother _____ Cell phone _____ Work _____

Father _____ Cell Phone _____ Work _____

Phone (Home) _____ Address _____

Please provide the name of someone we should contact if parent/guardian cannot be reached during an emergency:

Name _____ Relationship _____

Phone (Home) _____ Phone (Cell) _____ Work: _____

EMERGENCY MEDICAL RELEASE

I hereby authorize any reasonable and necessary medical treatment, administration of anesthesia, and surgical treatment(s) for my minor child in the event of my absence, or when the hospital or physicians are *unable to contact me*. This authorization extends to any hospital, physicians, and nursing personnel on staff when 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. Charles-St. Ann's Parish, church staff, church 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. **Initial here for Medical Release** ~~X~~ _____

FIELD TRIP PERMISSION FOR THE SCHOOL YEAR

I also grant permission for my child/children listed below to participate in these parishes in events that requires transportation to a location away from the parish site. This permission is for the school year starting in September of 2018 and ending in August of 2019. These activities will take place under the guidance of parish employees and/or volunteers from either parish. Mode of transportation to and from event will be a bus or personal vehicle driven by an adult over 21 years. **Initial Here for Field Trip Permission** ~~X~~ _____

Name of Child	Grade	Name of Child	Grade
1.		2.	
3.		4.	

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence and giving permission for attending Church Field Trips.

Parent Signature X	Relationship
Family Physician	Phone

AUTHORIZATION: PICTURES, ARTWORK, PRAYER CARDS

I hereby grant permission to St. Patrick's & St. Brigid's and St. Charles-St. Ann's to publish pictures of me and/or my child(ren) [and any artwork created during the course of the Faith Formation program] on the church's website or in the church's publicity information, Youth Facebook, bulletins or bulletin boards. NO NAMES WILL BE PUBLISHED ON THE WEBSITE. If I object to any particular picture of me and/or my child(ren), it will be removed as soon as possible. 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. I further state that I have the right to grant or refuse this permission as I am the child's parent or legal guardian. I also give permission for prayer cards to be handed out with my child's name for Sacramental prayers such as Confirmation, 1st Communion. These cards are given out to parishioners that are prayer partners.

Parent Signature X	Date
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