

ST. THERESE OF LISIEUX
JULY 2022 – JUNE 2023
MEDICAL TREATMENT RELEASE FORM

Name of Minor: _____ Relationship to you: _____

Reason for which release is intended: _____

Address of Minor: City: _____

Emergency Phone(s): _____

Family Physician: Phone: _____

Physician Address: City: _____

List allergies, medication, contract, or other pertinent comments: _____

Health Insurance Data: _____

Company: _____ Policy: _____

Group: _____ Contract: _____

As parent/guardian, I do hereby authorize the treatment of a qualified and licensed physician of any condition which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me.

I further authorize the person who presents the minor to sign the Acknowledgment of Receipt of Notice Privacy Rights that may be presented by the physician or health care facility.

This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician. I acknowledge that it is my responsibility to submit a new form if any of the above information changes.

Date: _____ Signed: _____

(Parent or Guardian)

(Please, complete reverse side.)

ST. THERESE OF LISIEUX
JULY 2022 – JUNE 2023
PARTICIPATION AND PHOTO WAIVERS

Name of Minor: _____ Relationship to you: _____

As a parent/guardian, permission is hereby given for my child to participate in activities sponsored by St. Therese of Lisieux. I recognize that engaging in the activities at St. Therese of Lisieux may expose my child to the possibility of physical injury and agree to hold St. Therese of Lisieux Catholic Community harmless, as well as their employees, organizers, and any volunteers assisting in the programs, from liability and claims arising out of my child's participation in programs subsidiaries, and related activities.

Pictures are occasionally taken of the students participating in activities and events. Please, indicate below whether St. Therese of Lisieux may include pictures of your child in our parish bulletin or on the parish web site. **WE WILL NOT IDENTIFY YOUR CHILD(REN) BY NAME.**

_____ I agree

_____ I disagree

Date: _____ Signed: _____
(Parent or Guardian)