



In case of an **EMERGENCY** and if a parent/guardian cannot be reached, please contact:

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE# \_\_\_\_\_

Please note any learning/behavioral difficulties and health issues or allergies we should be aware of

CHILD'S NAME	ISSUE/TREATMENT
1.	
2.	
3.	
4.	
5.	

**PHOTO RELEASE**

I grant to the Catholic Community of St. Mary and St. Ann the right to take photographs of me, my child(ren) listed on the front side of this form and my family in connection with Faith Formation and parish activities. I agree that the Catholic Community of St. Mary and St. Ann may use these photographs with or without names and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

*revised March 2023*