

**PLEASE NOTE THAT MEDICAL INFORMATION WILL BE HELD IN STRICTEST CONFIDENCE AND SHARED ONLY
WITH YOUR CHILD'S CATECHIST.**

EMERGENCY INFORMATION

In the event of an emergency, all efforts will be made to first reach the parents. If the parents cannot be reached, please contact the person listed below.

Name/Relationship_____ Phone_____

RELEASE AND CONSENT FORM

I, _____, give permission for my child(ren) to attend religious education classes and other components of the curriculum and if needed, to be evaluated, diagnosed, treated and/or medicated in accordance with standard medical practices by licensed medical personnel.

I relieve the parish of St. Michael the Archangel of all responsibility and consequences that may arise as a result of this treatment. I will not hold St. Michael's Church, its volunteers, or its representatives responsible in the event of an injury.

Further, I will agree to accept any and all financial responsibility as a result of scheduling such treatment.

Parents' Signatures

Date_____

PERMISSION FOR PHOTOGRAPHS/VIDEOS/FILMS

I hereby authorize and give my consent for the taking of pictures, moving or still, of my family members and further give my permission for their reproduction for:

1. Teaching purposes 2. News Releases 3. Publications 4. Community Awareness Programs
Please note any restrictions you may have to the above information.

Parent signatures

Date_____

OFFICE ONLY

DATE RECEIVED_____

AMOUNT PAID \$_____ **Check#**_____

Cash_____