

Our Lady Help of Christians Catholic Church

Registration 2019-2020

One Form per family



CHILDS NAME	GRADE	AGE	ALLERGIES/MEDICAL CONCERNS	HAS CHILD BEEN BAPTIZED? If NOT baptized at OLHC please provide a copy of Baptismal certificate

Parent/Parents name: _____

Address: _____

City: _____

Zip: _____

Email: _____

Cell #1: _____

Cell #2: _____

If an emergency arises and you can NOT be reached who should we contact?

Name: _____ Phone: _____

Learning disabilities or educational concerns: _____

Fees \$40 per child or \$70 per family ~ make checks payable to OLHC

Emergency Medical Authorization Form

Our Lady Help of Christians 2019-2020

Child's Name _____ Gender M / F Grade _____ Age _____

Parent/Guardian Names _____

Birth Date _____ Home Phone _____ cell _____

Address _____ City _____ Zip _____

Hospital of Choice _____ Phone _____

Please list any medical issues/concerns: _____

Please list allergies or sensitivities your child might have to any food, drink, or materials that might be used during class: _____

Are there any activities in which your child may not participate? _____

Please list names and phone numbers of person(s) to call in case of an emergency:

Name _____ Relationship to child _____

Phone _____ Cell _____

Name _____ Relationship to child _____

Phone _____ Cell _____

Part 1 – Grant Consent

In the event reasonable attempts to contact me at the above numbers have been unsuccessful, I hereby grant consent for (1) the administration of any treatment deemed necessary by the above medical professionals, or in the event the designated preferred practitioner or faculty is not available, by another licensed medical practitioner; and (2) the transfer of the child to the above named facility or any reasonably accessible hospital. The authorization does not cover any major surgery unless the medical opinions of two (2) other licensed physicians or dentists concur in the necessity for such surgery and concurrence is obtained before surgery performed.

Parent/ Guardian Signature: _____ Date: _____

Part II – Refusal to Consent

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 Church authorities to take no action or to:

Parent / Guardian Signature: _____ Date: _____

PHOTO RELEASE AND AUTHORIZATION

I (we) the parent (s) and /or guardian(s) of my minor child _____ Age _____

Do hereby consent and authorize the release, publication, dissemination, distribution, use and/or reproduction of any and all photographs taken of my (our) daughter/ son during her /his participation at Our Lady Help of Christians (OLHC) programs by an employee, agent or representative of OLHC and may be used by OLHC for any purpose determined at its discretion without further notice or any compensation to me or my daughter/son.

Parent(s) / Guardian Signature: _____ Date _____