

Please list any allergies (be specific as to type and reaction), medication taken, medical conditions or special needs:

**MEDICAL TREATMENT & INSURANCE INFORMATION**

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_ BIN Number: \_\_\_\_\_

Contract Number: \_\_\_\_\_ Group ID Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

***Emergency Medical Treatment 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, physician, and nursing personnel on staff where 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. Patrick Church, 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.

Child(ren)s Full Name: \_\_\_\_\_

**PICK-UP AUTHORIZATION**

NOTE: ALL STUDENTS 4YEARS TO 2ND GRADE MUST BR ESCORTED TO AND PICKED UP FROM THEIR CLASS ROOM BY A PARENT OR AN ADULT.

Indicate below any and all individuals NOT AUTHORIZED to pick up your child(ren) from their class.

Name: \_\_\_\_\_ Relationship to Child(ren): \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child(ren): \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child(ren): \_\_\_\_\_



PLEASE CHECK THIS BOX TO AUTHORIZE ONLY THE PARENTS LISTED ON THE FIRST PAGE OF THIS REGISTRATION FORM FOR PICK-UP OF ALL CHILDREN FROM YOUR FAMILY REGISTERED IN THE ST. PATRICK CHURCH FAITH FORMATION PROGRAM.

**AUTHORIZATION TO PUBLISH PICTURES & ARTWORK**

I hereby grant permission to St. Patrick Church 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, newsletters, or bulletins. NO NAME WILL BE PUBLISHED ON THE WEBSITE. I understand that if I give notice to the religious education department that I object to any particular picture of me and or my child(ren) on the website 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 or artwork. YES \_\_\_\_\_ OR NO \_\_\_\_\_ (Please check one).

**PERMISSION FOR WALKING FIELD TRIPS**

I give my permission for \_\_\_\_\_ to participate in any walking trips that the class my take.

**PARENT, CUSTODIAN OR LEGAL GUARDIAN'S SIGNATURE**

I acknowledge and accept the terms and agreements in the above document: \_\_\_\_\_ Date: \_\_\_\_\_