

Photo and Medical Release Form

For Each Participant Minor Child

His/Her Name _____

His/Her Name _____

His/Her Name _____

His/Her Name _____

Photo Release:

Permission is granted for any child named above to have his or her photograph taken and possibly used on the Sacred Heart Parish, St. Thomas More Parish and/or a Collaborative web site. No child will be identified by name.

By signing this form I agree to allow my child to participate in this event. I agree that no liability is assumed by the Archdiocese of Boston or Sacred Heart Parish or St. Thomas More Parish for claims that may arise out of the activity.

Parent/Guardian Signature _____

Print Name: _____

Date: _____

Medical Release:

MUST BE COMPLETED.

Each child's Name	All known Medical Conditions including food allergies and/or drug allergies. Any and all over-the-counter and/or prescription drugs taken regularly. ALL MEDICATIONS must be given to director of program prior to leaving.

Medical Information:

Physician's Name: _____;

Phone #: _____

Address: _____

Primary Insurance Company: _____

Phone #: _____

Billing Address: _____

Policy Holder's Name: _____

Address: _____

Relationship to child: _____

ID#: _____ Group/Policy # _____

Medical Release, Consent: and Authorization:

In the case of medical emergency, I understand that every effort will be made to contact the below-named parent(s) or guardian of the child. Permission is granted for treatment of minor injury or illness. In the event of an emergency and I cannot be reached, I hereby give permission for the adult in charge to seek professional medical help and transportation of my child. I give permission for the release of medical records to an attending physician in case of injury or illness. This permission includes, but is not limited to, the administration of first aid, the use of an ambulance, and the administration of anesthesia and/or surgery, under the recommendation of qualified medical personnel.

Parent/Guardian Signature _____

Print Name: _____

Date: _____