

Grade _____ Child's Last Name _____ First Name _____

EMERGENCY INFORMATION:

Emergency Contacts (other than parents):

1. Name: _____ Relationship: _____ Cell Phone: _____

2. Name: _____ Relationship: _____ Cell Phone: _____

MEDICAL INFORMATION & AUTHORIZATION:

Name of Physician to be called in case of emergency: _____

Physician Phone Number: _____ Medical Insurance: _____

Permission for Medical Treatment: Administrative procedures vary among medical personnel and medical facilities with regard to provision care for a child in the absence of the parent. The exact procedure required by the physician or hospital to be used in emergencies should be verified in advance. In case of an accident or emergency, I authorize **Our Lady of the Rosary** representative or staff to the above-named physician or to the nearest emergency hospital for such emergency treatment and measure as or deemed necessary for the safety and protection of my child at my expense.

Specific Medical Condition & any special needs including accommodations:

Print Name Signature Relationship to Child/children

CONSENT/RELEASE:

I understand that **Our Lady of the Rosary or the Catechetical Ministry Center does NOT assume responsibility for payment of a physician.** However, in an emergency, I authorize emergency medical treatment and agree that you may choose physician(s). I hereby release, both individually and collectively, the Diocese of San Diego, Our Lady of the Rosary, its staff and volunteers, from any and all liability arising from the care and supervision of my child/children.

Print Name Signature Relationship to child/children

PHOTO/VIDEO RELEASE:

By signing below, I authorized Our Lady of the Rosary of the Diocese of San Diego, its representatives, or volunteers, to photograph or record on audio or video for purposes of promoting the mission of the Religious Education Program. Photos, audio, video may be used in printed materials and any other visual display or media. I understand that said photos and/or audio or video recordings will be used for Our Lady of the Rosary Religious Education Program related purposes and will not be used for any commercial purpose whatsoever. I, therefore, hereby waive any kind and all rights of my child/children may have or for any compensation of any kind, which could otherwise accrue for the use of such photos and/or audio or video recordings.

Print Name Signature Relationship to child/children
I DECLINE _____ (Initials)

FOR PARENTS WITH CHILDREN IN THE SACRAMENTAL PROGRAM ONLY:

By signing below, I acknowledge receipt of all copies of the requirements, and I am committed to the task of learning the Catholic faith in order to prepare my child/children to receive his/her/their 1st Reconciliation and 1st Communion, and or Confirmation:

1. Should my child/children exceed/s three (3) absences in a school year, I will ensure that she/he/they complete the necessary make-up sessions with me, the parent, as the primary catechist.
2. I will ensure that my child/children attend Mass on Sundays and holy days of obligation.
3. As the primary catechist of my child/children, I will attend parents' preparation classes and other assigned church and parish events.

Print Name Signature Relationship to Child/Children