

Explain any special services that the child receives through their school. _____

Are there any dietary restrictions? Yes _____ No _____

Medications your child is currently taking _____

Will your child be taking medication during the time he/she is here? _____

If yes, do you give permission to the staff of Holy Name to administer the medication as prescribed on the label you've provided? Yes _____ No _____

List any allergies the child has: _____

In case of emergency and you cannot be reached, please contact: _____

Relationship to child: _____ Phone # _____

I (your name) _____

The parent of (child's name) _____

Give permission to Holy Name of Jesus Catholic Church or any staff member to act as my agent in case of any emergency. In the event that I cannot be reached at the emergency number I have listed, Holy Name of Jesus Catholic Church has my permission to transport (child's name) _____

To the nearest hospital. I AGREE THAT NEITHER the Diocese of Palm Beach County, Holy Name of Jesus Catholic Church nor its staff is liable in the event of an accident or injury to my child. I also assume full responsibility for the consequences of my child's actions during the time he/she is on church or school property.

Insurance Company: _____

Signature: _____ Date _____

HOLY NAME OF JESUS CATHOLIC CHURCH PHOTOGRAPH RELEASE

() Yes I give permission allowing Holy Name to take photos taken of my child.

() Yes, I give permission allowing Holy Name use of my child (ren's) pictures for purposes of publicity; such as posters, picture presentations or other activities at Holy Name.

() Yes, I give permission allowing Holy Name to upload my child (ren's) pictures.

() No, I do not give permission allowing Holy Name use of my child (ren's) photos for any purpose.

Signature: _____ Date _____