

OFFICE USE ONLY

Model Release Statement

I hereby **GRANT/DO NO GRANT** (circle one) permission for my child(ren) registered in Faith Formation at St Francis of Assisi Catholic Church to be photographed/recorded during Faith Formation activities and events and for the resulting photograph to be published through church communication outlets (bulletin, email, social media, etc...) for the purpose of promoting the activities at St Francis Catholic Church. Child's name will not be published.

Parent/Guardian Signature: _____ Date: ____/____/____

Medical Release

Emergency Contact Information

In the event that the parent/guardian cannot be reached

Name: _____

Contact # _____

Relationship to the child: _____

Health Information:

Allergies: _____

Medication: _____

****PARENTS MUST STAY IN THE PARENT MEETING WHILE GAP CLASS IS IN SESSION. PARENTS MAY NOT LEAVE THE PREMIS WHILE CHILD IS PRESENT.**

***We strongly encourage you to share copies of your child's IEP with the program director in order to better serve your child**

My child has the following limitations and additional information we should know):

In the event of any injury or illness during any activity or class, I hereby authorize and consent to the transportation of the registered child(ren) to the nearest medical or dental facility, and, should the need arise, I hereby further authorize and consent to any x-ray, examination, medical or surgical diagnosis and treatment in the discretion of the attending physician or dentist. I understand that I am giving this authorization in advance of any specific diagnosis, treatment or hospital care being required and I am providing authorization to give authority and power to render any care with which the medical provider deems advisable. None of the foregoing medical treatment shall be withheld if I cannot be reached prior to the administration of such medical treatments. I hereby agree that I shall be solely responsible for the payment of any and all costs for such medical treatment of registered child(ren) and in no event shall any of the Church parties be required to pay for such expenses.

I certify that I am the legal guardian of registered child(ren) and have full legal authority to enter into this agreement and hereby intend by signature to release me and my children of all liability against the Church parties to the fullest extent permitted by applicable law.

printed parent/guardian name

parent/guardian signature

_____/_____/_____
date