

STUDENT EMERGENCY MEDICAL RELEASE FORM

One Student per Form

**RETURNING STUDENT**

STUDENT:                      LAST                      FIRST                      MIDDLE                      AGE                      GRADE

SPECIFIC MEDICAL ALLERGIES, CHRONIC ILLNESS, MEDICATIONS, PHYSICAL OR MENTAL IMPAIRMENTS OR OTHER CONDITIONS OF THE MINOR NAMED ABOVE.

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MINOR'S PHYSICIAN                      PHONE NUMBER                      INSURANCE CO. & POLICY #

**IN THE EVENT OF AN EMERGENCY AND PARENT/GUARDIAN CANNOT BE REACHED, PLEASE CALL THE FOLLOWING:**

1) \_\_\_\_\_  
NAME & RELATIONSHIP (i.e. Grandparent/Neighbor/Family Friend)                      Cell Phone                      Home Phone

2) \_\_\_\_\_  
NAME & RELATIONSHIP (i.e. Grandparent/Neighbor/Family Friend)                      Cell Phone                      Home Phone

**TO WHOM IT MAY CONCERN:**

As a parent and/or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the minor, \_\_\_\_\_, in the event of a medical emergency which, in the opinion of the standing physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed.

This authority is granted only after a responsible effort has been made to reach me.

This release form is completed and signed by my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

\_\_\_\_\_  
PARENT OR LEGAL GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT OR LEGAL GUARDIAN NAME

\_\_\_\_\_  
DATE

ONE FORM PER FAMILY; PLEASE LIST ALL YOUR CHILDREN IN THE RE PROGRAM HERE

# ST. JOSEPH CHURCH | RELIGIOUS EDUCATION

## \*\*\*FAMILY PHOTO RELEASE FORM\*\*\*

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_ Yes, I grant St. Joseph Church the right to use pictures/videos taken of my child for use in the weekly parish bulletin, promotional displays, brochures, videos, news releases, parish-sponsored website, and other publications. In view of the mutual benefits resulting from said publicity, there will be no other form of pay or remuneration.

\_\_\_ No, photos/videos of my child may not be used for the purposes listed above.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Please sign one form for your entire family;***

***include all your children in the RE program here***

**Safe Environment Program**

Consistent with diocesan policy, St. Joseph Church will conduct Safe Environment training as part of the religious education curriculum. This curriculum is faith based and is designed to be taught in appropriate grade levels. A meeting will be held before the class is conducted to provide parents an opportunity to review the safe environment materials.

\_\_\_ Yes, I give my consent for my child(ren) to participate in the Safe Environment training program.

\_\_\_ No, I do not give my consent for my child(ren) to participate in Safe Environment training program.

\_\_\_ I will attend the parent class and make my decision at that time.

PRINT (Parent/Guardian NAME) :

| PRINT (Parent/Guardian NAME) : |                          |       |
|--------------------------------|--------------------------|-------|
| Print(Student)                 | Parent/guardian Initials | Grade |
| Print(Student)                 | Parent/guardian Initials | Grade |
| Print(Student)                 | Parent/guardian Initials | Grade |
| Print(Student)                 | Parent/guardian Initials | Grade |