St. Mary of the Immaculate Conception Church - Faith Formation Office
Emergency Medical Form

Child(ren)'s Last Name _____
Child(ren)'s First Name(s) _____

Parent or Guardian Contact Information (in the event of an emergency):
Parent or Guardian Name(s): _____
Address: _____ City: _____ State: _____ Zip: _____

Telephone numbers for Parent or Guardian: (Please list all home, work and cell phone numbers)

Emergency Authorization and Release for Treatment

This authorization enables guardians to authorize the provision of emergency treatment for the participant who becomes seriously ill or injured under the authority of St. Mary PSR and/or Youth Ministry when parents/guardians cannot be reached. This must be signed in order for your child to attend classes/event.

I, acting as the legal guardian of _____ (name of child[ren[), grant consent for St. Mary Church to seek medical treatment for him/her in the case of illness or accident from the closest and most appropriate medical practitioner or hospital available. This authorization does not cover major surgery unless the medical opinions of two licensed physicians/dentists concurring in the necessity for such surgery are obtained for the performance of such surgery.

Any and all information concerning the above named child(ren)'s history including allergies, medications and physical impairments, has been reported in these forms. In the event of an emergency, I authorize St. Mary Church to share the completed information with persons related to the treatment of the above named program member.

I understand that St. Mary Church will make reasonable efforts to contact me or the listed emergency contacts in the case that medical attention will be necessary.

X_____
Parent's/Guardian's signature **Date**

Medical Information
Health Insurance Carrier: _____ Name of Policyholder: _____
Member Number: _____ Group Number: _____ Child(ren)'s Birth Date: _____
The following includes any allergies, **especially food allergies,** my child(ren) may have, any medication my child(ren) may be taking, and any other facts to which a physician or dentist should be alerted:

Photograph/Videotape Release
I/We hereby give consent to photograph or videotape aforesaid participant and without limitation to use such photographs or videotapes and stories in connection with any work of St. Mary Religious Education (PSR) and/or Youth Ministry without consideration of any kind, and I do hereby release St. Mary Religious Faith Formation from any claims whatsoever which may arise in said regard.
Initial: ☐

Campus Release
I give permission for my child to leave the school building for field trips to the church and around the grounds when necessary for the class without prior notification. Students will not leave St. Mary campus.
Initial: ☐

I fully understand what is involved in this experience and the foregoing form, and I understand I have the opportunity to call the Religious Education and Youth Ministry Office (330-264-5838) with any questions I may have.

X_____
Parent's/Guardian's signature **Date**