

MEDICAL RELEASE FORM and PICTURE RELEASE FORM

This form will be kept on file in the St. Benedict's Faith Formation Office and will allow us to care for your son/daughter in medical emergencies. Every effort will be made to contact you before seeking medical attention for person named below.

I grant permission for the administration of first aid care to _____ by the parish, its officers, directors
(Child's first and last name)

and agents, and the Archdiocese, chaperones, or representatives associated with Faith Formation/Youth Ministry events as their judgment deems advisable, and to make the necessary referrals to qualified physicians for treatment of illness or accident of a more serious nature. I understand that I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In case of medical emergency, I understand that every effort will be made to contact the parent(s) or guardian(s) of the participant. In the event that I cannot be reached, I hereby give permission to the physician selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery, if deemed necessary for my child.

Signature _____ *Date* _____

(Of the following statements pertaining to medical matters, check or sign ONLY those that apply)

ρIf taking medications: My child is taking medications at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows: _____

Signature _____ *Date* _____

ρDo NOT give medications: I wish that NO medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature _____ *Date* _____

ρAllowing "over the counter" medications: I hereby grant permission for non-prescription medication (such as tylenol, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature _____ *Date* _____

Specific Medical Information

The parish will take reasonable care to hold the following information in confidence.

Please answer the following questions:

Does the child have any known allergies (medications, foods, plants, insects, etc.)? If yes, please list _____

Does child have a medically prescribed diet? _____

Does the child have any physical limitations? If yes, please list _____

Are there any special medical conditions we should be aware of with of your child? _____

It is in your child's best interest that we work together with regard to his or her education. Please note anything that we can do to better serve your child as he/she continues to learn here at St. Benedict's Parish (special interests, classroom performance/work habits, classroom adaptations, supportive services, preferential seating, vision or hearing needs): _____

PICTURE RELEASE FORM

St. Benedict Faith Formation events are photographed and/or videotaped for playback to the youth during gatherings or posting in our bulletin and website (names are never used on the website!).

Signing the release below allows your son/daughter's picture to be used for promotion of Faith Formation events.

I, _____, consent to the use by St. Benedict's of any videotape, photograph, audiotape, or any other audio/visual reproduction in which I or my child may appear. I release the staff, volunteers, etc. of St. Benedict's from any liability connected with the use of my or my child's picture/recording.

Signature _____ *Date* _____