

ARCHDIOCESE OF DETROIT
ST CLARE OF MONTEFALCO CATHOLIC CHURCH
RELIGIOUS EDUCATION: EMERGENCY INFORMATION, PICK UP POLICY AND PHOTO RELEASE

As parent/guardian, I do hereby authorize the treatment of a qualified and licensed physician of any condition which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me. This release is intended only for St. Clare of Montefalco Catholic Church Religious Education Program Classes.

Family Physician _____ phone _____

Physician Address _____ city _____

MEDICATIONS:

Does your child need medications that we should be aware of? ____yes ____no

If yes, a separate medication dispensing form **must** be completed. *Please call the DRE for this form.*

Health Insurance Data:

Company Name _____ Policy Number _____

Group Number _____ Contract number _____

I release adult supervisors and St. Clare of Montefalco Catholic Church from responsibility for accidents during church sponsored activities. In case of emergency, I, the parent/legal guardian of the registered children, give permission to the adult sponsors of St. Clare of Montefalco Catholic Church to secure proper treatment for the health and comfort of my child until I can be reached.

PICK UP POLICY:

If someone other than parent listed on form is picking your child(ren) up, please remind your child's Catechist in writing. Only adult(s) whose name(s) appear on this form are authorized to pick up your child(ren.) You must come into the building to drop off and pick up your child in grades kindergarten through fourth grade. **All children must be picked up by a parent or guardian inside the building. Students will not be permitted to leave until a parent or guardian comes to pick them up.** Name of adult(s) authorized to pick child(ren) up: _____

May the non-custodial parent pick up your child(ren)? ____ Yes, their name _____

No ____ non-custodial parent may not pick up child.

List a neighbor or close relative who will assume care of your child if you cannot be reached.

Name _____ phone _____

Address _____ relationship to child _____

Photo Release:

I give permission to St. Clare of Montefalco Catholic Church to photograph and video record my child at religious education classes. I give permission to copyright, use, and publish the photographs and video for any lawful purpose, including newspaper articles, church publications, and the church website.

I have read and understand all of the above. I further authorize the person who presents the minor to sign the Acknowledgement of Receipt of Notice of Privacy Rights that may be presented by the physician or health care facility. This authorization is completed and signed by my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by :

Signature(s) of Parent(s) or Guardian(s): _____

Printed Parent(s) or Guardian(s) Name(s): _____

Date: _____