St. Thomas of Canterbury Catechetical Ministry/Youth Ministry

2011-2012 EMERGENCY INFORMATION & RELEASE FORM

Photo/Video release on reverse side.

FAMILY Last Name: _____

Father's Name: _____ Mother's Name: _____

Address: _____
House number Street Name Apt.# City Zip

Home Phone: _____ Family Email Address: _____

Father's Work: _____
Phone Number Cell or Pager Number Email Address

Mother's Work: _____
Phone Number Cell or Pager Number Email Address

Emergency Contacts (authorized to pick-up your child(ren), if you are unavailable):

1._____
Name Home Phone Cell Phone

2. _____
Name Home Phone Cell Phone

3. _____
Name Home Phone Cell Phone

HEALTH INFORMATION

If your child(ren) have any special medical conditions such as Food Allergies, Diabetes, Epilepsy, Asthma, Headaches, or severe reactions to Bee Stings, please list the child's name, condition and treatment required (in case of emergency) below:

Child Name	Condition	Treatment Required

In case of an accident, may we contact your Family Doctor or Dentist? YES or NO

Child(ren's) Doctor: _____ Phone: _____

Child(ren's) Dentist: _____ Phone: _____

Health/Medical Insurance Provider: _____ Policy/Group Number: _____

RELEASE & MEDICAL CONSENT

If emergency treatment is required and parents or legal guardian cannot be reached immediately, my signature in the space below empowers the Catechetical Coordinator, or a representative, to exercise prudent judgment in providing medical services for my child(ren). As protected by Federal law, confidential information will not be released.

Parent's Signature _____Date_____

Please notify the Catechetical Coordinator immediately if there are any changes to the above information.
Photo/Video release on reverse side.

Photograph and Video Consent

Medical Release on reverse side.

From time to time, we take pictures and video of catechetical/liturgical events and gatherings. We would like to be able to use these photographs and videos for flyers, parish and diocesan publications, and the website. To do this, we need parental consent. (And student consent if student is a teenager) We will not use the last names of any individual whose photos or videos are posted. If there are concerns about pictures or videos posted on the website, please contact the catechetical coordinator and they will be promptly removed.

I/We, the parent(s) of this youth (name) _____, authorize and give full consent, without limitation or reservation, to St. Thomas of Canterbury Church, to publish any photographs or videos in which the above named student, student's parents, and or grandparents appear while participating in any program with St. Thomas of Canterbury. There will be no compensation for use of any photographs at the time of publication or in the future.

□ I do not wish to have my child's picture/video published/displayed in print or on the website.

Student Signature (if teen): _____ Date:_____

Parent Signature:_____ Date:_____