

Is there any medical information that we should be aware of for the above child(ren) ?

I give permission for my child(ren)'s photograph and/or video and Art Work taken in the class to be displayed within the Church and in Church publications/website ___yes ___no___

I give permission for my name, address, phone, e-mail to be placed on a class list and distributed to parents of the children in that class ___yes ___no___

I give permission for first aid to be given to my child/ren if needed by a staff member yes___ no___

Health Insurance Data:

Company Name: _____ Contract # _____

Policy Number: _____ GROUP # _____

Family Physician Name _____ Phone _____

As legal guardian, I hereby authorize first aid/medical treatment for the child/children named on this form in the event of an emergency which may endanger his/her life or cause undue discomfort if delayed. It is understood that efforts will be made to contact the person listed on this form as soon as reasonably possible. In the event that the aforementioned requires my authorization for treatment and I cannot be reached in an emergency, I hereby give my permission to the physician selected by the DRE to hospitalize, secure medical treatment, and/or an injection, anesthesia or surgery for the aforementioned as deemed necessary.

I understand all reasonable safety precautions will be taken at all times by the parish and its agents during education programming. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold St. Thomas Parish, its leaders, employees, drivers, volunteers, or the Roman Catholic Diocese of Grand Rapids liable for damages, losses, or injuries by the aforementioned.

Legal Guardian's Signature: _____ Date: _____

Fee for Registration Form/payment:

___ \$25.00 per child ___ \$75.00 Family Maximum

Office use	
Date Registration Received _____	Amount Due _____
Cash _____	Check# _____
Amount Paid _____	