



Is there any medical information that we should be aware of for your child?

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I give permission for my child's photograph and/or video and Art Work taken in class or during related activities to be displayed within the Church and in Church publications/website/social media. (circle one) Yes No

I give permission for my name, address, phone number, email address to be placed on a class list and distributed to parents of the children in that class. (circle one) Yes No

I give permission for first aid to be given to my child if needed by a staff member. (circle one) 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 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 Sacred Heart Parish or 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: \$25.00 per child or \$75.00 per family (maximum for all children registered in the religious education or sacrament preparation program).

**Office Use Only**

Date Registration Received \_\_\_\_\_ Amount Due \_\_\_\_\_

Cash \_\_\_\_\_ Check # \_\_\_\_\_ Amount Paid \_\_\_\_\_

Date Paid \_\_\_\_\_