

ST. LIBORIUS RELIGIOUS EDUCATION PROGRAM (PREP)
MEDICAL RELEASE/VIDEOTAPING RELEASE

Family Name: _____

Child's Name	Grade	Medical Allergies/ Significant Medical History	Medications

Mother's Name: _____ Cell #: _____ Work # _____

Father's Name: _____ Cell #: _____ Work # _____

In the event of an illness or emergency, if we cannot reach you, please list someone who would be able to pick up your child.

Name: _____ Home Phone: _____

Cell Phone: _____ Relationship to child: _____

Name of Physician: _____ Phone: _____

Address: _____ City/State/Zip: _____

Medical Insurance Company: _____ Policy Number: _____

MEDICAL RELEASE

In the event that the undersigned, or my authorized physician, cannot be reached and in judgment of Margie Wegrzyn, Director of Faith Formation, or other appropriate staff member, that is a necessity for immediate examination and/or treatment of my child, I hereby request and authorize any of the aforesaid personnel to obtain for my child such medial service as are deemed necessary. I agree to assume the financial responsibility for any diagnosis/treatment and for medication deemed necessary.

VIDEOTAPING AND STILL PHOTOGRAPHS RELEASE

Video and still photographs may be taken during Religious Education Classes/Events. This authorization form constitutes permission for my child's participation in the videotape and/or still photographs, which may be used for future promotional efforts, including the Parish Bulletin and Website.

Dates for which this release is intended: _____ September 2019 – May 2020 _____

Parent/Guardian Signature

Date