

# Our Lady of the Mountains Religious Education MEDICAL RELEASE FORM

**ONE MEDICAL RELEASE FORM MUST BE FILLED OUT FOR EACH CHILD ENROLLED IN THE RELIGIOUS EDUCATION PROGRAM.**

As a parent and/or guardian, I authorize the treatment by a qualified and licensed medical doctor of the following minor in case of medical emergency. This authority is granted after a reasonable effort has been made to reach me.

Please fill in the following information and sign where indicated.

**NAME OF MINOR** \_\_\_\_\_ **ADDRESS** \_\_\_\_\_

**PHONE NUMBER** \_\_\_\_\_ **RELATIONSHIP TO YOU** \_\_\_\_\_

**PHYSICIAN NAME** \_\_\_\_\_ **PHONE NUMBER** \_\_\_\_\_

**DENTIST NAME** \_\_\_\_\_ **PHONE NUMBER** \_\_\_\_\_

List specific medical allergies, chronic illnesses, learning disabilities, or other health or learning issues that may affect classroom behavior:

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This release form is for the duration of the Religious Education classes. I have completed this form and signed of my own free will with the sole purpose of authorizing medical treatment, under emergency circumstances, in my absence.

Signed \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mm/dd/yyyy)

**Annual Updates**

Signed \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**IMPORTANT:** You must notify the Religious Education Office **immediately** if any of the above information should change at any time. (i.e. change of physician, dentist, medical conditions or concerns)

**PHOTO RELEASE**

Occasionally we may publish photos of children/youth in the Religious Education program on our website. Names of the students are never used. Please indicate below whether or not your child's photograph may be used.

I **DO** / **DO NOT** (circle one) give permission for photo release of the student listed above.

Signed \_\_\_\_\_