

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:

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 _____