

MEDICAL RELEASE FORM (Blank)

23/24

**St. Mary of the Woods
Kalkaska, MI
St. Aloysius, Fife Lake MI**

Please **COMPLETE** the information.

One form per student K-12

NAME OF MINOR: _____ **GRADE:** _____

FAMILY NAME: _____ RELATIONSHIP TO YOU: _____

BIRTH DATE: _____ HOME PHONE: _____

ADDRESS OF MINOR: _____ CELL PHONE: _____

PHONE NUMBER where YOU can be reached **DURING Faith Formation Classes/Middle & High School Ministry:**

_____ Father/Guardian _____ Mother/Guardian

EMERGENCY INFORMATION

IN THE EVENT OF AN EMERGENCY AND A PARENT **CAN NOT** BE REACHED – **PLEASE CONTACT:**

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ PHONE NUMBER: () _____

FAMILY PHYSICIAN: _____ PHONE: () _____

ADDRESS: _____ CITY: _____

LIST ALLERGIES, MEDICATION, MEDICAL CONDITIONS, OR OTHER PERTINENT COMMENTS:

HEALTH INSURANCE INFORMATION

COMPANY: _____ POLICY: _____

GROUP: _____ CONTRACT: _____

SUBSCRIBER: _____

PERMISSION FOR TREATMENT

To Whom it May Concern:

As a parent/guardian I do hereby authorize the treatment by a qualified and licensed Medical Doctor in an emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Reason for which release is intended:

FAITH FORMATION CLASSES, SACRAMENT PROCESS, MIDDLE and HIGH SCHOOL MINISTRY GATHERINGS AND ACTIVITIES FOR **ST. MARY OF THE WOODS, KALKASKA/ST. ALOYSIUS, FIFE LAKE.**

I further authorize the person who presents the minor to sign the Acknowledgment of Receipt of Notice of Privacy Rights that may be presented by the physician or health care facility.

This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

(PLEASE FILL OUT THE OTHER SIDE OF THIS FORM)

St. Mary of the Woods/St. Aloysius

Faith Formation/Sacrament Process/Middle School & High School Youth Ministry
St. Mary of the Woods/St. Aloysius 438 County Rd. 612 NE Kalkaska, MI 49646

PUBLICITY CONSENT

St. Mary of the Woods of Kalkaska, St. Aloysius of Fife Lake and the Diocese of Gaylord, engage in various communications regarding programs and activities of the parish, school and diocese through correspondence and publicity with families, parishioners, as well as mass media and members of a wider community. This may involve – but is not limited to – photos, video, audio, written materials, bulletin boards, newspapers, radio, television, Powerpoint, Internet, etc.

Please provide authorization for your child's name, picture, age, parish/school, verbal or written remarks, and parent's names to be utilized for such publicity by completing the form below.

AUTHORIZATION FORM

As parent/guardian of _____, I understand that promotional pictures, audio and/or video recording (individual and group) may be taken during events and activities offered through St. Mary of the Woods, St. Aloysius, or the Diocese of Gaylord. I hereby give permission, without remuneration, for my child's name, picture,, age, parish/school, city, verbal or written remarks and parent(s) names, to be used for news, educational and promotional materials (including, but not limited to, print, audio, video, broadcast, displays, web pages, calendars, Powerpoint, bulletins, etc.) for St. Mary of the Woods, St. Aloysius, as well as the Diocese of Gaylord. I also hereby agree to release and hold harmless St. Mary of the Woods, St. Aloysius, the Diocese of Gaylord, as well as any of their employees or representatives, including volunteers, from any and all claims resulting from the use of the above information regarding my child.

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

(Parents may cancel this authorization at any time by providing written notice to St. Mary of the Woods/St. Aloysius 438 county Rd 612 NE Kalkaska MI 49646)

(PLEASE FILL OUT THE OTHER SIDE OF THIS FORM)