

Medical Release Form

We will contact a parent first, however; if parent is not available we will call Emergency Contact listed on front.

Emergency Medical Treatment: In the event of an emergency, I hereby grant permission to transport my child to a hospital for emergency medical treatment. Yes _____ No _____

Family Doctor: _____ Phone Number: _____

Insurance Carrier: _____ Policy Number: _____

Child/Children Allergies

List Child's allergies:

First Child	
Second Child	
Third Child	
Fourth Child	
Fifth Child	

Child/Children last tetanus/diphtheria immunizations are within the last 5 years

	Yes	No
First Child		
Second Child		
Third Child		
Fourth Child		
Fifth Child		

Child/Children has the following special needs:

First Child	
Second Child	
Third Child	
Fourth Child	
Fifth Child	

I consent to the use of videotapes, photographs, slides, audiotapes or other visual or audio reproduction in which my child may appear. I understand that these materials are being used for promotion of the faith formation ministry of St. Brigid Catholic Church. Such promotional activities may extend to recruitment, fund-raising, advocacy, etc.

I verify that all the information I have provided on these two pages is true and accurate to the best of my knowledge.

Signature of Parent or Guardian

Date: _____