

# ST. JOSEPH CATHOLIC CHURCH SUMMER CATECHESIS RELEASE FORM 2020 (REQUIRED ANNUALLY)

**1 Photo Permission:** During the year, we sometimes take photos/videos of classroom activities, special projects, grade level events, etc. These images are used for the sole purpose of visually enhancing our parish bulletin, newsletter, parish website, displays at parish events, annual reports and occasionally are used in local or diocesan newspapers. Please note that no last names for minors would be published - only images of your child(ren) participating in a St. Joseph Religious Education sponsored activity or event.

**Please check one:**

**YES**, I do  **NO**, I do not give permission for my child(ren)'s picture to be used in the above manner.

**2 Parent Contact Information:**

Mother/Guardian Cell Phone: \_\_\_\_\_ Father/Guardian Cell Phone: \_\_\_\_\_

**YES**, I do  **NO**, I do not give permission to text these phones with important program information.

**LOCAL APPROVED PICK UP AND CONTACT (Other than the immediate family):**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

- o I do not have an alternate local pickup/contact name (other than immediate family) to provide at this time.

**3 Medical/Emergency Information:**

Child's Last Name	Child's First Name	Grade 20/21	Allergies: food/drug/other

**Tetanus Immunization (up-to-date):** Yes  No

Name of physician \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Insurance # \_\_\_\_\_

**MEDICAL RELEASE: For the 2020/21 school year**

In the event that the undersigned, or my (our) authorized physician, cannot be reached and in the judgment of the Director of Faith Formation, or other person responsible for the program/group, or other appropriate staff member, there is a necessity for immediate examination and/or treatment of my (our) child(ren), I (we) hereby authorize any of the aforesaid personnel to obtain such medical services as are deemed necessary.

**4 Special Needs/Comments: This information will be treated confidentially.**

By becoming aware of the special situations which affect the children, we are better able to respond to their individual needs. We are aware that as parents, we sometimes hesitate to share certain things about our children. However, we encourage you to consider how valuable these insights will be in fostering understanding, compassion and patience. Please share as specifically as you can.

**Please Check One (below)**

There are no special needs/comments for my child(ren).

My child has the following special needs:

(ex: learning needs, attention deficit, hearing/vision needs, medical conditions, emotional/social/behavioral needs, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Parent Name Printed**

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**