



**St. Genevieve Youth Formation
Emergency Contact, Special Needs/Health Issues
& Photo Consent Form**
(One form must be completed *for each child* in Youth Formation.)

Child's Name _____ **Grade** _____

Parent/Guardian _____ **Phone** _____

Immediate and Secondary Emergency Contact Numbers

Immediate

Name _____ **Phone** _____

Relationship to Child _____

Secondary

Name _____ **Phone** _____

Relationship to Child _____

Sign-Out Authorization Persons

Name _____ **Phone** _____

Relationship to Child _____

Name _____ **Phone** _____

Relationship to Child _____

See continued form on other side...

Special Needs/Health Issues

Please help us to assist your child by describing on this page any special needs or health issues which play a part in your child’s life. Examples: allergic reactions to food or drink, physical limitations, need for special medications to address ADD or ADHD issues, need for frequent restroom use, etc. All information on this form is privileged and confidential.

Parent/Legal Guardian Signature: _____

I authorize a representative of St. Genevieve to seek medical attention for my child if I cannot be reached.

Photo Consent

We will often take pictures of children at St. Genevieve for classes, activities and events. Please check your areas of consent.

Pictures of my children can be used:

- Website/Social Media Church Publications Local Newspaper

Parent/Legal Guardian Signature: _____ **Date:** _____