

Community of St. Paul & St. Joseph HEALTH and EMERGENCY FORM

Student/Student's Name; (As printed on birth certificate)

_____	_____	_____
(Last)	(First)	(Middle Name)
_____	_____	_____
(Last)	(First)	(Middle Name)
_____	_____	_____
(Last)	(First)	(Middle Name)
_____	_____	_____
(Last)	(First)	(Middle Name)

Medical Alert: Please list any known health conditions that your child's teacher or a health care provider should be aware of (Examples: allergic reactions to foods, drugs, or insect bites, asthma; diabetes; epilepsy, etc.).

Physician _____ Phone _____

Hospital Preference, if possible _____

CHECK ONE OF THE BOXES AND SIGN

In case of an emergency situation requiring professional care, I request treatment for my child until such time as I may be contacted.

Insurance Co. _____ Policy# _____ Group# _____

I request not medical treatment be given to my child and waive all claims for failure to provide these medical services.

Signature of Parent/Legal Guardian

Date

In an emergency situation, all attempts will be made to contact one of the persons listed in this box as soon as possible.

Mother _____ Emergency Phone # _____
(Last) (First)

Father _____ Emergency Phone # _____
(Last) (First)

Legal Guardian _____ Emergency Phone # _____
(Last) (First)

If the program leader is unable to reach me or one of the other Primary Emergency Contacts, I hereby authorize contacting my Physician or one of the persons listed below to assume temporary care of my child in case of an emergency:

Name _____ Phone _____
(Last) (First)

Name _____ Phone _____
(Last) (First)

Community of St. Paul & St. Joseph

Media Inclusion and Social Media Permission Form

Media Inclusion

As part of the Religious Education program at SS Paul & Joseph Catholic Church, there may be times when your child may be photographed or videotaped to recognize an achievement, service, or general Religious Education-related event. These images and your child's name may be used in the local newspaper and/or in promotional spots through the year such as hallway displays and church displays. These images may also be used to record student work/projects and may be shared with other students, parents and teachers.

Social Media

Social Media is a great benefit in passing on important information regarding upcoming events and assignments to our students registered in SS Paul & Joseph Religious Education. We are seeking your permission as parent/guardian to allow us to contact you or your son/daughter through social media for Religious Education purposes only. Only your son/daughter's catechist and the DRE will have access to any information given. All information will be kept in strict confidence.

NAME OF STUDENT/STUDENT'S: _____

MEDIA INCLUSION *(Please check one)*

- I grant permission for SS Paul & Joseph Religious Education to photograph and/or videotape my child and my child's work as part of its educational program. I understand that my child's picture, name and grade may be revealed.

- I do not grant permission to photograph and/or videotape my child.

SOCIAL MEDIA

I GIVE SS Paul & Joseph Religious Education permission for the following social media communication.

(Please check which venue you would prefer)

- Email** Religious Education information through the **REMIND** program to the following:

Email: _____

- Text** Religious Education information through the **REMIND** program to the following:

Phone #: _____

Parent/Guardian Name: _____

Signature: _____ **Date** _____