

**Community of St. Paul & St. Joseph**  
**HEALTH and EMERGENCY FORM**  
**2019-2020**

**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** \_\_\_\_\_