

7th Grade Confirmation Registration Form
This form must be filled out and returned by August 15.

Name _____
 First Middle Name (not initial) Last

Address _____
 Street City State Zip code

Date of Birth _____ Age _____

Home Phone # _____ Cell # _____

E-mail Address: _____

Photography Permission

During classes, we do take pictures. We would like your permission to use these pictures in the following ways:

on the parish website, on the parish official Facebook page, on the parish bulletin boards, in the parish bulletin and in The Observer/EI Observador (Newspaper for the Diocese of Rockford)

Please check which preferences you have regarding use of photos for your child.

Yes, I grant permission to use the photos in these ways. No, please do NOT take or use any photos of my child.

Yes, my child's name can be used with pictures. No, please do NOT use my child's name with pictures.

Parent Signature: _____

Medical Permission

I grant permission for the administration of first aid to _____

By the people in charge of St. Patrick Confirmation preparation and those transporting my child to and from the program as their judgement deem advisable, and to make the necessary referrals to qualified physicians for the treatment of illness or accidents of a more serious nature. I understand that I will be promptly notified in the event of any serious illness or accident and prior to any surgery, except when delay in such communication would endanger a life. In case of medical emergency, I understand that every effort will be made to contact the parents/guardian to the participant. In the event I cannot be reached I hereby give permission to the physician selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery, if deemed as necessary for my child. I, the undersigned, shall be liable and agrees to pay all cost and expenses incurred in connection with such medical and dental rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for my child to return home due to medical reasons or discipline problems, the undersigned will be called and expected to pick up the child or make arrangements for the child to be picked up immediately.

Printed name of Parent or Guardian _____

Signature of Parent or Guardian _____ Date _____

Please list any applicable health concerns or allergies (use back side if necessary)
