

# ST. MARTIN OF TOURS

## 2019-2020 EMERGENCY MEDICAL INFORMATION

(Please fill out one form per child)

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Child's Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Doctor's name: \_\_\_\_\_ Phone: \_\_\_\_\_

(For Parents/Guardians): I give permission for my child/children to participate in the Faith Formation or Vacation Bible School Programs for 2019-2020. In consideration of this opportunity and fully recognizing that such an undertaking involves an element of risk, I assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify, and agree to hold harmless the Archdiocese of Seattle, St. Martin of Tours Parish, their agents, employees and officers and the chaperones, leaders, organizers, sponsors and persons transporting my child to and from activities. The Archdiocese, the Parish, nor said persons shall be held financially responsible for any injury, illness, or death incurred as a direct result of these activities. I, the undersigned, have read this release and understand all of its terms and execute it voluntarily and with full knowledge of its significance. In the event of an emergency and I cannot be reached, I hereby authorize emergency medical treatment be administered.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

In case of injury/illness contact: \_\_\_\_\_ Phone: \_\_\_\_\_

If above referenced person cannot be reached:

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Known allergies: \_\_\_\_\_

Known health limitations:

Yes \_\_\_ No \_\_\_ I give my permission for photos to be taken of my child/children at parish-sponsored events and for those photos to be used on Sacramental posters and class projects.

Yes \_\_\_ No \_\_\_ I give my permission for photos to be taken of my child/children at parish-sponsored events and for those photos to be used on the Parish Website.