

ST. MARTIN OF TOURS

2017-2018 EMERGENCY MEDICAL INFORMATION

(Please fill out one form per child)

Child's Name: _____ Age: _____

Address: _____ Zip: _____

Child's Grade: _____

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 2016-2017. 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.

Contact Ms. Terri Nido, Tel: (253) 922-7882 or faith@stmartinoftoursfife.com