

**2018-2019**  
**St. Teresa of Calcutta Parish Religious Education**  
**736 E. Middle Tpke.**  
**Manchester, CT 06040**

**Photo/Video Release**

I grant permission for my youth to be photographed/videotaped during St. Teresa Religious Education activities. I realize the photo may be published in the newspaper, the parish website or other publication.

Yes \_\_\_\_\_ No \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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**Flocknote**

Flocknote is our primary way of communicating to our families. In order to ensure you are well-informed, please indicate which email/phone is the best way to reach you:

**Best email/cell phone: Mom ( )      Dad ( )      Both ( )**

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**Medical Release Form**

Family Name \_\_\_\_\_

Child(ren)'s Names \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

Phone (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

**EMERGENCY MEDICAL TREATMENT:** In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone (home): \_\_\_\_\_ (cell): \_\_\_\_\_ (work): \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_