



### Photo/Video Release

I grant permission for my youth to be photographed/videotaped during St. Bartholomew Confirmation/Youth Ministry 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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### Medical Release Form

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): \_\_\_\_\_  
Family Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Family Health Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

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

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#### -OFFICE USE ONLY-

- Confirmation Class List
- Updated in PDS
- Medical/Permission Form

- Sacramental Information
- Baptism
  - Communion
  - 1<sup>st</sup> Reconciliation

Amount Paid: \_\_\_\_\_  
 Check #: \_\_\_\_\_  
 Cash  
Date Received: \_\_\_\_\_