

St. Edna Church Emergency Release Form
June 2017-July 2018

Family Last Name: _____ **Home Phone:** _____

Parent Cell Phone #1: _____ **Cell Phone #2:** _____

Family Physician: _____ **Phone:** _____

Emergency contact: *(in case parent cannot be reached)*

Name: _____ **Relationship** _____ **Phone:** _____

Child #1: Name: _____ m/f _____ Grade _____

HEALTH STATUS:

Please list specific medical/food allergies, chronic illnesses, special needs, medication or other conditions:

To minister to each child carefully, we must know if your child has any social and/or learning issues. Y/N
If yes, please describe: _____

Does your child have an IEP at school? ____ Explain: _____

Child #2: Name: _____ m/f _____ Grade _____

HEALTH STATUS:

Please list specific medical/food allergies, chronic illnesses, special needs, medication or other conditions:

To minister to each child carefully, we must know if your child has any social and/or learning issues. Y/N
If yes, please describe: _____

Does your child have an IEP at school? ____ Explain: _____

Child #3: Name: _____ m/f _____ Grade _____

HEALTH STATUS:

Please list specific medical/food allergies, chronic illnesses, special needs, medication or other conditions:

To minister to each child carefully, we must know if your child has any learning issues. Y/N
If yes, please describe: _____

Does your child have an IEP at school? ____ Explain: _____

To Whom It May Concern, I do herewith authorize the treatment by a qualified and licensed medical doctor of the above minor(s) in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me. This release form is completed and signed of my own free will with sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Print Name: _____ Signature: _____

Father ____ Mother ____ Legal Guardian ____ Date: _____

THIS MEDICAL RELEASE FORM MUST BE NOTARIZED

(please note: a Notary is available in the Parish Office Mon – Fri 9am – 5pm)

STATE OF ILLINOIS

COUNTY OF COOK ____ MCHENRY ____

The foregoing was acknowledged before me on _____, 2017 by _____, who produced the following identification: Illinois Driver’s License or Other _____



Notary Signature: _____

Print Name: _____

My Commission expires: _____

**St. Edna Parish
Department of Faith Formation**

Photography Agreement: 2017-2018



St. Edna Parish may use **photographs and/or video** footage of individuals, groups and families in a variety of Parish media. This media is intended to promote activities and events as well as the Parish, organizations and groups affiliated with St. Edna Parish. This may include, but not be limited to, St. Edna bulletin, website, posters, newsletters, advertisements and other public relations materials.

- Yes**-I give my permission for photographs or video footage of myself, my family and/or my children to be used in promotional materials by St. Edna Parish, its organizations and groups.
- No**-I do not give my permission for photographs or video footage of myself, my family and/or my children to be used in promotional materials by St. Edna Parish, its organizations and groups.

Parent Signature: _____