

**ST. FRANCIS DE SALES**  
**MEDICAL RELEASE FORM (and PICTURE RELEASE FORM)**

**This Form will be kept on file at St Francis in case of medical emergency. Every effort will be made to contact you before seeking medical attention for person named below. This form is valid for events associated with child/youth ministry events and activities from 9/1/2017-8/31/2018. Please contact the office if there are any changes in this information (e.g. a change in medications or allergies.)**

I grant permission for the administration of first aid care to \_\_\_\_\_ by the parish, its officers, directors and agents, and the Archdiocese, chaperones, or representatives associated with Child/Youth Ministry Events as their judgment deems advisable, and to make the necessary referrals to qualified physicians for treatment of illness or accident of a more serious nature. I understand that I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In case of medical emergency, I understand that every effort will be made to contact the parent(s) or guardian(s) of the participant. In the event that I cannot be reached, I hereby give permission to the physician selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery, if deemed necessary for my child.

*Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

**(Of the following statements pertaining to medical matters, circle or sign ONLY those that apply)**

***If taking medications:*** My child is taking medications at present. My child will bring all such medications necessary, and such medications will be well labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows: \_\_\_\_\_

*Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

***Do NOT give medications:*** I wish that NO medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life threatening and emergency treatment is required.

*Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

***Allowing "over the counter" medications:*** I hereby grant permission for non-prescription medication (such as aspirin, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

*Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

**Specific Medical Information** The parish will take reasonable care to hold following information in confidence.

Please fill out accordingly:

Allergic reactions (medications, foods, plants, insects, etc.): \_\_\_\_\_

Immunizations: Date of last tetanus/diphtheria immunization: \_\_\_\_\_

Does child have a medically prescribed diet? No Yes: \_\_\_\_\_

Any physical limitations? No Yes: \_\_\_\_\_

Has child recently been exposed to contagious disease or conditions? mumps measles chickenpox

You should be aware of these special medical conditions of my child: \_\_\_\_\_

**PICTURE RELEASE FORM**

St. Francis de Sales Child/Youth Ministry events are occasionally photographed and/or videotaped for playback to the students during gatherings or appearing in our bulletin and Web site (names are never used on the Web site!). Signing the release below allows your son/daughters picture to be used within this context.

I, \_\_\_\_\_, consent to the use by St. Francis de Sales of any videotape, photograph, audiotape, or any other audio/visual reproduction in which my child or I may appear. I release the staff, volunteers, etc. of St. Francis de Sales from any liability connected with the use of my or my child's picture/recording.

*Signature* \_\_\_\_\_ *Date* \_\_\_\_\_