

DOB:

GRADE COMPLETED:

**VBS Medical and Media Releases – Both must be signed for your child to participate.**

Name of Minor:  Relationship to You:

**MEDICAL:** In case emergency medical treatment is necessary and the parents or guardian cannot be located, the following authorization is needed. I (We) authorize the adult advisor in charge to consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the above-named minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine. **This authority is granted only after a reasonable effort has been made to reach me.**

Address of Minor:

Family Physician:  Phone:

Allergies:

Chronic Diseases or Medical problems:

Medicines son/daughter is now taking:

**\* Medicines that need to be dispensed during this activity must be given to the designated supervisor in its original container with directions and dosage.**

Indicate if wearing contact lenses or any other pertinent information:

Medical Insurance Carrier:  Policy/Contract Number:

PARENT (GUARDIAN) NAME (please print):

ADDRESS:  ZIP:

PHONE: (home)  (cell)

EMERGENCY Phone # if different than cell:

**MEDIA**

I,  hereby give permission to Ave Maria Parish and Port Sanilac Methodist Churches to photograph, videotape and/or voice-tape my child/children (or allow area news reporters to do the same) for purpose of: Public Information for Promotion of Ave Maria Parish or Saginaw Diocese or Port Sanilac Methodist Church, Parish purposes Only, Parish or Diocesan website. (Names of the children will never be included.)

Parent/ Guardian Signature:

Date: