



St. Christopher Catholic School

A ministry of Saint Christopher Roman Catholic School



PHOTO RELEASE AND AUTHORIZATION 2020-2021

Parent (Family) Last Name: _____

I (we) the parent(s) and/or guardian(s) of my (our) minor child(ren):

Name Child #1

Name Child #2

Name Child #3

Name Child #4

do hereby consent and authorize the release, publication, dissemination, distribution, use and/or reproduction of any and all photographs taken of my (our) son/daughter during the **2020-2021 school year** by an employee, agent or representative of Saint Christopher Catholic School or by an independent contractor.

This Release and Authorization acknowledges that all photographs, negatives, positives and prints shall constitute the property of Saint Christopher Catholic School or by the Department of Catholic Education of the Diocese of Las Vegas for any purpose determined by their discretion, without further notice or without any compensation to me (us) or to my son(s)/daughter(s).

Parent and/or Guardian Date

Parent and/or Guardian Date



St. Christopher Catholic School
 A Ministry of Saint Christopher Roman Catholic Church
 1840 N. Bruce St. North Las Vegas, NV, 89030
 (702) 657-8008

Student Health Inventory

Student Name (Last, First, Middle)	Birth Date (Mo/Day/Yr)	Sex M F	Grade
Address (Number & Street, City, State, Zip)		Phone Number	
Parent or Legal Guardian Names			
Where do you usually take your child for medical care? Name :-		Phone Number	
Address:			

ASSESSMENT OF STUDENT HEALTH

To the best of your knowledge, does your child have a history of or any problems with the following?
 Check Yes or No. If yes, use comments section to elaborate.

	Yes	No	Comments
Allergies (Food, Insects, Drugs, Etc.)			
Asthma			
Attention Deficit/ Hyperactivity Disorder			
Behavior or Emotional Problem			
Bleeding Problems			
Developmental Delays			
Diabetes			
Ear Problem or Deafness			
Eye or Vision Problems			
Limits on Activity			
Physical Illness/ Impairment			
Problems with Bladder			
Problems with Bowels			
Seizures			
Serious Allergic Reactions			
Speech Problem			

Should there be any restriction of physical activity in school? Yes No

If so, specify nature and duration of restriction. _____

Does your child take any medications? Yes No

Name of Medication(s) _____

Parent Signature: _____ Date: _____



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CONSENT FOR MEDICAL TREATMENT 2020 - 2021

Emergency Medical Treatment:

I/We hereby warrant that to the best of my/our knowledge, my/our children enrolled at Saint Christopher Catholic School are in good health, and I/we assume all responsibility for the health of my/our children. In the event of an emergency, I/we hereby give permission to transport my/our children to a hospital for emergency medical or surgical treatment. I/We wish to be advised prior to any further treatment by the hospital or doctor.

Family Name: _____ Phone: _____

Emergency Person Contact: _____
Phone: _____

Family doctor: _____
Phone: _____

Family Health Plan Carrier: _____
Policy #: _____

Medications: If my/our children need to take medication, I understand that I/we need to fill out the Parent Request and/or Physician Request Forms that available from the office. 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.

Name Child #1

Name Child #2

Name Child #3

Name Child #4

THIS RELEASE MUST BE SIGNED BY BOTH PARENTS. If only one parent signs this document, that parent presents and warrants to the Diocese that he/she is the sole custodial parent of the student participant with the authority to sign this waiver and release form.

Signature of Father: _____ Date: _____

Signature of Mother: _____ Date: _____



St. Christopher Catholic School Emergency Form

2020-2021 School Year



<u>Name of child(ren):</u>	<u>Grade:</u>	<u>Date of birth:</u>

Parents' Names: _____

Parents' Address: _____

Home Telephone Number: _____

E-mail Address: _____

Cell Number (Mother): _____ Work Number (Mother): _____

Employer (Mother): _____

Cell Number (Father): _____ Work Number (Father): _____

Employer (Father): _____

<u>Alternate Emergency Contacts:</u>				
Name	Relationship	Home Telephone No.	Work Telephone No.	Cell No.

<u>Please list individuals who are authorized to pick up your child(ren):</u>				
Name	Relationship	Home Telephone	Work Telephone	Cell No.