



St. Christopher Catholic School

A Ministry of Saint Christopher Roman Catholic Church



CONSENT FOR MEDICAL TREATMENT 2017-2018

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: _____

The other side of this form must also be filled out and signed.

HOME OF THE LIONS



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PHOTO RELEASE AND AUTHORIZATION 2017-2018

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 **2016-2017 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

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