

## St Mary Religious Education Consent to Participate, Waiver and Release

### **Authorization for Emergency Medical Treatment**

I hereby agree and consent to my son/daughter \_\_\_\_\_ (“Child”) receiving emergency medical treatment in my absence should the need for such treatment arise during my Child’s participation in Religious Education Activities on St Mary Church grounds, Otis IN during Religious Education class sessions under the supervision of St Mary Religious Education Staff and DRE.

Should the need for emergency medical treatment arise, the following health information pertaining to my Child is voluntarily disclosed:

- a) Special Dietary Needs: \_\_\_\_\_
- b) Medications: \_\_\_\_\_
- c) Allergies: \_\_\_\_\_

### **Promotional Photographs**

***(Please choose one option)***

\_\_\_\_\_ I authorize St Mary Religious Education/Faith Formation program and / or The Catholic Communities to take picture(s) of my child during class and RE/FF events. I also authorize the above to publish picture(s) of my child in the weekly Catholic Communities bulletin, the Catholic Communities website, RE/FF newsletters and Facebook.

\_\_\_\_\_ I DO NOT wish for my child to be photographed as outline above.

Print Parent’s Name: \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

2015/08/21