

Medical Waiver

I hereby give my permission that my child _____ may be given emergency treatment, to include first aid and CPR by a qualified member of the St. Anthony Catholic Church or a medic. I also give permission for my child to be transported by an aid car, ambulance or staff to the nearest medical treatment center or hospital, if necessary. In the event that I cannot be contacted, I further consent to the medical, surgical, and hospital care, treatment, and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health.

Child's physician _____ City _____ Phone _____

Preferred hospital _____ City _____

Allergies (food, drugs or other) _____

Insurance Co _____ Policy # _____ Id # _____

Parent signature _____ Date _____

Parent printed name _____

Photo Release

I hereby grant St. Anthony Catholic Church permission to use the likeness of my child, such as a photograph, in any and all of its publications, including website entries and slide shows, without payment or any other consideration. Please sign if yes, or leave blank if you do not grant permission.

Parent signature _____ Date _____

Parent printed name _____