

ST CHARLES BORROMEO RELEASE OF INFORMATION FORM

(Please print name)

I, _____ consent to the use by St. Charles Borromeo Parish of any videotape, photograph, slide, audiotape, or any other visual or audio reproduction in which I or my child may appear. I understand that these promotional activities extend to recruitment, fund-raising, advocacy, etc. I release the staff, volunteers, etc. of St. Charles Borromeo Parish from any liability connected with the use of my or my child's picture or voice recording as part of any of the above or similar activities.

Signature: _____

Date: _____

Name of child _____

Grade(2015-16) _____

(Please Print)

(Please Print)

(Please Print)

SCB Family Emergency Contact Form

Student Name (Last) _____ (First) _____ Initial _____ Date of Birth _____

Student Address _____ City _____ Zip _____ Home Phone _____

Father/Legal Guardian _____ Cell Phone _____ Work Phone _____

Mother/Legal Guardian _____ Cell Phone _____ Work Phone _____

E Mail Address (mother) _____ (father) _____

The following persons (other than parent with custody) are authorized to take my child from CYF Evening Class, upon condition that the Director is notified in writing or by telephone:

Name _____ Address _____ Relationship _____ Phone _____

My child has permission to walk home from CYF classes or events _____ Yes _____ No

Every family is responsible for having an understanding as to where their child should go in the event of early dismissal due to bad weather or other emergency.

If parents cannot be reached when child is ill, please notify:

Name _____ Address _____ Phone _____

Family Physician _____ Phone _____

I hereby authorize the CYF Director or Youth Minister to call the physician named above if any emergency exists and I cannot be reached immediately. I also authorize conditions below and give my authority for emergency treatment.

Signature of Parent or Legal Guardian _____

List any physical conditions, allergies or medications your child may be taking:

Student Name _____

Note: Parents or guardians are responsible for emergency medical treatment or expenses.