

EMERGENCY INFORMATION AND RELEASE FORM

St. Hedwig Catholic Church – Family Life Ministries - Diocese of Orange

(Last name first) (Please print all information)

Child's Name _____	Date of Birth _____
Sex (Circle one) M F Grade (Fall 2011) _____	School (Fall 2011) _____
List all allergies/other medical information/special needs for this child: _____ (Please write "none" if there are none)	

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Sex (Circle one) M F Grade (Fall 2011) _____	School (Fall 2011) _____
List all allergies/other medical information/special needs for this child: _____ (Please write "none" if there are none)	

Health Insurance Co. _____ Policy # _____

Mother/Guardian's Name _____ Religion _____

Home Phone (____) _____ Cell Phone (____) _____ Work Phone (____) _____

Father/Guardian's Name _____ Religion _____

Home Phone (____) _____ Cell Phone (____) _____ Work Phone (____) _____

Marital Status: (circle) Married Separated Divorced Remarried Widowed Single

Name(s) of Parent/Guardian with whom child(ren) resides: _____

List any special family concerns or custody issues: _____

Emergency Contact to whom the child(ren) may be released, other than parent/guardian:

Name _____ Relation _____ Phone (____) _____

I, the parent/guardian of the above named child, hereby give permission for his/her participation in activities sponsored by Family Life Ministries of St. Hedwig Church. I agree to direct my son/daughter to cooperate and conform to directions and instructions from all persons responsible for these activities. As a condition of my son/daughter being allowed to do so, I hereby release and discharge the Diocese of Orange, its constituent organizations, employees, and volunteers from any and all claims for personal injury or property damage that he/she may suffer as a result of his/her participation.

I hereby authorize the making of photographs, audio/video recordings, or other memorializing of said events and my son/daughter's participation therein, and the publication and duplication or other use thereof. I hereby waive any right to compensation or any other rights that otherwise I might have to limit or to control such making or use.

I hereby give permission to the physician, nurse, dentist, or licensed care staff selected by the supervisory personnel then present to render medical, dental, or other appropriate treatment necessary in case of an emergency.

Parent/Guardian's Signature _____ **Date** _____

This authorization shall remain effective until September 30, 2012