

## Participation Release Form

(Please print student's name) \_\_\_\_\_ has my permission to participate in activities in the St. Thomas Aquinas and St. John Church and Student Center Parish Religious Education and Youth Ministry Program during the 2017/2018 school year.

I understand that all activities are sponsored by the parish and supervised by parish volunteers and/or staff. Transportation to and from the parish is the parents' or guardian's responsibility.

---

Signature of Parent or Guardian

Date

## Diocese of Lansing - Media Release Form

I give permission to St. John Church and Student Center, St. Thomas Aquinas Parish and the Diocese of Lansing to use the image of my child(ren) in promotional and evangelical materials. I understand that such an image can be used in any paper, electronic, or other medium, and that no compensation will be paid for the use of the image.

---

Signature of Parent or Guardian

Date

## Communication

I understand that the staff of St. Thomas Aquinas Parish/St. John may be communicating with members of our family, as described in the accompanying letter.

---

Signature of Parent or Guardian

Date

If you, as parent or guardian, have any particular boundaries of which we should be aware, or if there are any common media that you want us not to use in communicating with you or your child, please let us know here:

**PLEASE SEE REVERSE SIDE! Complete one per student.**

# HEALTH HISTORY

(All information will be held in confidence except as necessary for protection of children)

Participant's Name \_\_\_\_\_

Sex \_\_\_\_\_ Birthdate \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Age \_\_\_\_\_

Parent/ Guardian \_\_\_\_\_ Relationship to participant \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone Number (\_\_\_\_) \_\_\_\_\_ Work Telephone Number (\_\_\_\_) \_\_\_\_\_

Cell # (\_\_\_\_) \_\_\_\_\_ Cell Provider (for receiving text alerts) \_\_\_\_\_

E-mail address(es) \_\_\_\_\_

\_\_\_\_ My child has no physical, medical, or other condition that will affect or be affected by participation in Religious Education Activities. Further, my child has no allergy that should be disclosed to emergency medical personnel.

\_\_\_\_ My child does have a physical, medical, or other condition that will affect or be affected by participation in Religious Education Activities. Or my child has an allergy that should be disclosed to emergency medical personnel. (If you check this box, please provide a full explanation on the bottom of the reverse side of this sheet, and sign the reverse side. Your signature authorizes us, in good faith, to share the explanation with emergency medical personnel or other persons as we believe necessary to safeguard the well-being of your child.)

## PERMISSION FOR DISCLOSURE AND EMERGENCY MEDICAL TREATMENT

The parish has my permission, in an emergency when parents or guardians cannot be contacted, to take my child to a hospital emergency room. The hospital and its medical staff have my authorization to provide treatment that a physician deems necessary for the well-being of my child. I will be contacted as soon as possible and will be advised prior to any further treatment by the hospital or doctor. I understand and agree that I will be responsible for the emergency medical charges.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

FAMILY INSURANCE PROVIDER/HEALTH PLAN: \_\_\_\_\_

HEALTH PLAN NUMBER (Include expiration date): \_\_\_\_\_

In an emergency, when unable to reach parent/guardian contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

**PLEASE SEE REVERSE SIDE! Complete one per student.**