

Diocese of Saginaw ~ Blessed Trinity Catholic Church Medical Treatment Release Form

To Whom It May Concern:

As a parent/guardian, I do hereby authorize the treatment by a qualified and licensed medical doctor in an emergency, which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

name of minor(s) _____ relationship to you _____

reason for which release ~ *Blessed Trinity Catholic Church Faith Formation and Youth Ministry-related events*

address of minor _____

emergency phone(s) _____

family physician _____ phone _____

list allergies, medication, contacts or other pertinent comments _____

health insurance company _____ policy # _____

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence. I understand that some medical providers may not accept this if not notarized.

date _____ **signed** _____

(MUST BE SIGNED BY PARENT OR GUARDIAN)

Media Release Form

(must be completed for those under the age of 18)

I, _____, hereby give permission for the personnel of the Catholic Diocese of Saginaw, to photograph, videotape, and/or voice-tape my child/ren or allow area news reports to do the same for the purposes of *(please check the items you will allow)*:

____ in-school/parish purpose use only (display in halls)

____ Blessed Trinity Parish website

____ Catholic Diocese of Saginaw website

____ public information for promotion of diocesan, school, or parish programs (brochures, newspapers, radio, or television)

Student (s) name _____

MUST BE SIGNED BY PARENT OR GUARDIAN _____