

Sacred Heart Faith Formation Student(s) Emergency Information

Child's Name	Age	Medical Allergies/history

EMERGENCY CONTACT: Contact name should be other than parent or guardian

Name _____ Relationship _____ Phone _____

Medical Release: In case of an emergency and parents or guardian cannot be reached, 911 will be called and child may be transported to a nearby hospital. The parents or guardian agree to assume all responsibilities and expenses including transportation by the handling of this emergency situation.

Signature of Parent or Guardian: _____ Date _____

Photo Release: I give permission to the staff of Sacred Heart Religious Education to use photos take of my child(ren) while participating in activities of the program. The name(s) of my child(ren) will not appear on any photo. Photos may be utilized in the Sacred Heart Church buildings, bulletin and website.

Photos MAY be used: _____

Photos MAY NOT be used: _____

Signature: _____ Date: _____