

FAMILY LAST NAME: _____

ALL FAMILIES

EMERGENCY INFORMATION 2018

In the event that injury or illness needs immediate attention and none of the above persons can be contacted, I hereby authorize the Religious Education department to arrange transportation to the nearest hospital, which may render emergency treatment. I will be responsible for charges incurred for my child.

√ **Parent's Signature:** _____ **Phone:** _____ **Date:** _____

Illness or injury: Parent and also a neighbor or relative, living near St. Colette, who will care for my child if parent is unavailable:

Parent Name: _____ Phone: _____ Name: _____ Phone: _____

The **purpose of this information** is to enable our office to have accurate and reliable information available in case of emergency

Child's Full Name _____ **Birthdate** _____ **Special Needs:** *medical, allergies, medications, learning and/or physical disabilities*

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MEDIA CONSENT 2018

St. Colette Religious Education Program engages in various correspondence and publicity with families and parishioners regarding various aspects of this program. Parents are given the option of authorizing the use of their children's photos (*always* without names published) for those purposes, if they so desire.

If you wish to provide authorization, please complete the information below, and provide it to the parish Director of Religious Education.

Student's Name	Grade 2018-2019

Parents may cancel this Authorization at any time by providing written notice to the Parish at:
St. Colette Religious Education Office, 17600 Newburgh Rd., Livonia, MI 48152.

Video/Photography Utilization

- (1) I give permission for my child to be photographed or videotaped for articles in either the St. Colette Religious Education program's DVD, Poster boards, the First Communion Banners at St. Colette, Confirmation group picture, St. Colette bulletin and/or website, any group pictures and any pictures taken during programs. It is our policy that no child's name will ever accompany a photo or video.

√ **Parent Signature:** By: _____ **Date:** _____
(Signature of Parent of Guardian)

Name: _____
(Printed – Parent or Guardian)