

# ALIVE IN CHRIST

## Mother of Sorrows Church

### Faith Formation

2018-2019

#### MEDICAL RELEASE and PHOTOGRAPHIC RELEASE

Child's Name: \_\_\_\_\_

Name of Parent/Guardian(completing this form): \_\_\_\_\_

IN CASE OF EMERGENCY NOTIFY: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

#### MEDICAL INFORMATION

1. Does your child have any allergies? YES \_\_\_\_\_ NO \_\_\_\_\_  
If "YES", please list:

What happens to you child when they have this allergy?

2. Does your child carry an Epi-Pen or have medication of any type with them(Please list)?
3. Are there any other physical or emotional conditions of which we should be aware? Please explain.

OVER

We do hereby release and forever discharge the Diocese of Greensburg, Pennsylvania; Mother of Sorrows Church, Murrysville and designated employees and volunteers from any/all actions or suits in law or equity which we might hereafter have by reasons of injuries sustained by our son/daughter participating in the above mentioned activity. In case of emergency, we give permission for our child to be treated at a hospital and/or by a medical doctor.

We hereby grant to the Diocese of Greensburg, Pennsylvania; Mother of Sorrows Church, Murrysville and its respective licensees, successors and assigns, the right and permission, with respect to those photographs taken of me or the minor named below on whose behalf I am signing, and with respect to any printed or electronic matter in connection therewith, to do the following: 1. To include such photographs on the Diocese of Greensburg website, on print material, and parish advertisements. 2. To use my name, or the name of the minor on whose behalf I am signing, in connection with the foregoing.

I hereby release, discharge and agree to indemnify and hold harmless the Diocese of Greensburg, Pennsylvania; Mother of Sorrows Church, Murrysville and its legal representatives, licensees, successor and assigns, from all claims and demands whatsoever arising out of or in connection with the foregoing, and waive any right to inspect or approve the same.

In the event of any emergency, I give authority to the accompanying adults to authorize treatment. I understand that an attempt to notify me will be made before any treatment is authorized.

\_\_\_\_\_ Date \_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

I hereby certify that I am the parent and/or guardian of \_\_\_\_\_, a minor under the age of eighteen years, and hereby consent on behalf of said minor to the use of any of the photographs taken of said minor for use in parish and/or diocesan social media, website, advertisements, newspapers, etc.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_