

EMERGENCY INFORMATION

STUDENT INFORMATION

(PLEASE PRINT)

FILL OUT COMPLETELY

Student's First Name / Last Name	Medical Conditions/Allergies/Learning Disabilities/Special Needs/Prescribed Medications

CONSENT FOR MEDICAL CARE

I hereby give my permission to have my child/ren treated with minor first aid and/or by medical personnel as the need arises.
 In the event of an emergency situation, major earthquake or disaster, your child/ren will be held on the church grounds and only released to those adults listed below.
 I hereby give consent for my child/ren to be released to the persons listed below if I am unable to be located. I have notified each of them regarding this permission.
 Parent/Guardian Signature _____ Date: _____

List 2 adults you authorize to pick up your child/children in an emergency: (Do not list parent names)

Name		Name	
Primary Telephone ()	Relationship to child	Primary Telephone ()	Relationship to child

THIS SECTION FOR OFFICE USE ONLY

Child/ren released to:	Date:
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Parent Permission to Photograph/Video Students Release Consent/Virtus Training

- ___ I **grant** permission for my child/children's photograph/video/name to be used for publication relating to Holy Family Website Facebook, bulletin board, or REP newsletters.
- ___ I **deny** permission for my child/children's photograph/video/name to be used for publication relating to Holy Family Website Facebook, bulletin board, or REP newsletters.
- ___ I **give** permission for participation in the Protecting God's Children Virtus Training program for this school year as mandated by the Archdiocese of Los Angeles
- ___ I **do not give** permission for participation in the Protecting God's Children Virtus Training.

Parent/Guardian Signature

Date