

PERSONS AUTHORIZED TO PICK UP YOUR YOUTH ARE:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

PERSONS NOT ALLOWED TO PICK UP YOUR YOUTH ARE:

Name: _____ Phone: _____

Name: _____ Phone: _____

COMMUNICATION

We will communicate with your youth (and you) by email and text whenever possible to save on postage.

Do we have permission to TEXT your teen? YES NO

Do we have permission to EMAIL your teen? YES NO

Do we have permission to FACEBOOK your youth? YES NO

PHOTO AND VIDEO RELEASE

Permission to publish photos and/or video of your youth for the purposes stated below

Please INITIAL next to "YES" or "NO" for each of the statements below.

_____ **YES**, I authorize the use of photographs and/or videos of my child to be used for church publications, bulletin boards, retreat/event souvenir photo CDs and other church activities.

_____ **NO**, photographs and/or videos of my child may not be used for the above stated purposes.

_____ **YES**, I authorize the use of photographs and/or videos of my child to be posted on St. Mary's website.

_____ **NO**, photographs and/or videos of my child may NOT be posted on St. Mary's website.

_____ **YES**, I authorize the use of photographs and/or videos of my child on St. Mary's Facebook page.

_____ **NO**, photographs and/or videos of my child may NOT be posted on St. Mary's Facebook page.

I understand that there will be **no** identifying information (e.g., name, age, etc.) included in these publications.

PARENT/GUARDIAN SIGNATURE

Signature

Date

ST. MARY CHURCH (OLPH), ALBANY, OR
EMERGENCY INFORMATION FORM FOR STUDENT/YOUTH

Child's name _____ Date of birth _____ Grade level _____

Address _____ City _____ State _____ Zip _____

Parent(s)/Guardian(s) _____ Phone _____

Person with whom child is living _____

Church/School requesting form _____ St. Mary's Church, Our Lady of Perpetual Help, Albany, OR

Person(s) to notify in case of an emergency:

Name _____ Phone1 _____ 2 _____

Name _____ Phone1 _____ 2 _____

Name _____ Phone1 _____ 2 _____

Family physician _____ Phone _____

Last tetanus immunization or booster _____ Date _____

Allergies (food, drugs, insects, etc.) _____

Is child presently on any medications? Yes No If yes, please state below:

Name _____ Dosage _____ Reason for medication _____

Prescribing physician _____ Phone _____

Please note any injuries, recent surgery, prolonged illness, current medication, corrective lenses, special health problem or other issues requiring special attention that would help emergency personnel to provide appropriate care for your child.

Insurance information:

Name of medical insurance company _____

Group or identification number _____

I authorize the Church/School and its representatives to use their judgment in determining emergency care and procedures for my child. I also understand and agree that the Church/School assume no financial obligation for expenses incurred in carrying out emergency procedures and/or emergency transportation.

Parent/Guardian Signature _____ Date _____

PLEASE UPDATE THIS INFORMATION ANNUALLY AND RETAIN IN STUDENT/YOUTH FILE