Health Information and Release Form

This form will be used for Faith Formation and Youth Ministry Programs and Activities.

Family Information- Must be <u>completely</u> filled out - only this side is copied for use in a medical emergency to comply with privacy restrictions.		
Address	**Street**	**City, State, Zip**
Phone Numbers	**Home**	**Work/Cell**
Emergency Contact Person	**Name**	**Phone**
Child's Last Name	**Child's First Name**	**Allergies to Medication**

***A <u>Medical Action Form</u> must be filled out <u>by your family physician</u> for any child with an allergy and/or a medical condition that affects the child during the time that they are in the classroom. Do not list that information on this form.**

Insurance Information	
Employer	
Insurance Company	
Policy Number	
Group Number	
Contact Phone Number	

Family Physician Information	
Physician's Name	
Practice Name	
Address	
Phone Number	

As legal guardian, I give permission for my child(ren) to participate in the Faith Formation Program, including service trips and other activities sponsored by the Faith Formation Program of Our Lady of the Lake Catholic Church.

I understand that photos and video taken may be used for classroom use, publicity and promotion of programs. I understand that there will be no remuneration for such use. If I do not wish for my child's photo to be used, I will submit my request in writing to the Faith Formation Office.

I hereby authorize first aid/medical treatment for my child/children, listed above, in the event of an emergency, which may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. It is understood that efforts will be made to contact the parents/legal guardians or the Emergency Contact Person listed on this form, as soon as reasonably possible. In the event that the aforementioned requires my authorization for treatment and I cannot be reached in an emergency, I hereby give my permission to the physician selected by the activity leader to hospitalize, secure medical treatment, and/or order an injection, anesthesia or surgery for the aforementioned as deemed necessary. I understand all reasonable safety precautions will be taken at all times by the parish and its agents during Our Lady of the Lake Programs. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Our Lady of the Lake Parish, its leaders, employees, drivers, volunteers, or the Roman Catholic Diocese of Grand Rapids liable for damages, losses, diseases, or injuries incurred by the aforementioned.

_____ _____ _____

Parent or Legal Guardian Name (printed) Signature Date