

Light the Fire of God in your Teen!



CONFIRMATION PREP MEDICAL LIABILITY RELEASE

PARENT/GUARDIAN INFORMATION

Mother/Guardian 1 Full Name:

Phone Number : E-Mail :

Father/Guardian 2 Full Name:

Phone Number : E-Mail :

Address :

MEDICAL PROVIDER INFORMATION

Preferred Doctor

Doctor Phone Number

Preferred Dentist

Dentist Phone Number Preferred Hospital

EMERGENCY CONTACT (MUST HAVE ONE OTHER THAN PARENT)

Contact Name : Home Number :

Relationship : Mobile Number :

CHILD INFORMATION

Child One Name : Anything we should know about them? :

Child Two Name : Anything we should know about them? :

AGREEMENTS AND PERMISSIONS

In the event emergency treatment is needed, I give the hospital, its authorized personnel and/or physician permission to treat my child(ren) as necessary - and hereby authorize the staff of St. John Neumann Religious Education Program to contact directly the persons named on this form, and to authorize the named person(s) to render such treatment as deemed necessary in an emergency, for the health of my child

I hereby give my permission to have my child photographed. This includes, but is not limited to: Retreats, Classes, Sacramental Celebrations; etc. I may request that they are not photographed but this will not ensure they are not included in group pictures/recordings, or the background of other individual pictures/recordings. (Names will not be used without permission)

Parent Signature: Date: