

**Emergency Medical & Photo Release Authorization Form**  
**St. Ambrose Religious Education Program**

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Birth date \_\_\_\_\_ Home phone \_\_\_\_\_

Parent/Guardian Names \_\_\_\_\_

Address \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Hospital of Choice \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Provider \_\_\_\_\_ Phone \_\_\_\_\_

Please list any medical issues/concerns: \_\_\_\_\_

Please list allergies or sensitivities your child might have to any food, drink, or materials that might be used during class:

Does your child have any medical allergies? (If yes, please list) \_\_\_\_\_

Are there any activities in which your child may not participate? \_\_\_\_\_

Please list names and phone numbers of person(s) to call in case of an emergency:

Name \_\_\_\_\_ relationship to child \_\_\_\_\_

Phone: home \_\_\_\_\_ cell \_\_\_\_\_

Name \_\_\_\_\_ relationship to child \_\_\_\_\_

Phone: home \_\_\_\_\_ cell \_\_\_\_\_

**Part I-Grant Consent:** In the event reasonable attempts to contact me at the above numbers have been unsuccessful, I hereby grant my consent for (1) the administration of any treatment deemed necessary by the above medical professionals, or in the event the designated preferred practitioner or facility is not available, by another licensed medical practitioner; and (2) the transfer of the child to the above named facility or any reasonably accessible hospital.

The authorization does not cover any major surgery unless the medical opinions of two (2) other licensed physicians or dentists concur in the necessity for such surgery and concurrence is obtained before the surgery is performed.

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

**Part II-Refusal to Consent:** I do not give my consent for emergency medical treatment of my child. In the event of illness or emergency treatment being required, I wish the school authorities to take no action or to: \_\_\_\_\_

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

**PHOTO RELEASE AND AUTHORIZATION**

I(We) the parent(s) and/or guardian(s) of my minor child \_\_\_\_\_, age \_\_\_\_\_, do hereby consent and authorize the release, publication, dissemination, distribution, use and/or reproduction of any and all photographs taken of my (our) daughter/son during her/his enrollment at St. Ambrose School by an employee, agent or representative of St. Ambrose School or independent contractor.

This Release and Authorization acknowledges that all photographic proofs, photographic negatives, positives, and prints shall constitute the property of St. Ambrose School and may be used by St. Ambrose School for any purpose determined at its discretion, without further notice or any compensation to me or to my daughter/son.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_