

St. John Vianney Faith Formation
Diocese of Grand Rapids, Michigan
Medical Treatment Release Form*

(Please fill out both sides of this form)

To Whom It May Concern:

As a parent/guardian, I do hereby authorize first aid/medical treatment of my child 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 reach me as soon as reasonably possible.

Name of child: _____ Relationship to you: _____

Reason for which release is intended: All St. John Vianney Parish Activities Until May 1, 2019

Name of Parent(s): _____

Address of child: _____ City: _____ Zip: _____

Phone: _____ Emergency phone: _____

Family physician: _____ Phone: _____

Address: _____ City: _____

List allergies, medications, contacts, or other pertinent comments:

Health insurance data &. Company: _____

Policy: _____ Group: _____ Contract: _____

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

I certify that I am the (check one) Custodial Parent Legal Guardian of the minor child(ren) named above, and I agree to the above terms for myself and for my minor child(ren).

Signature of Parent or Guardian _____ Date: _____

***Medical Treatment Release Form needs to be notarized ONLY for out of state events**

STATE OF _____

COUNTY OF _____

The foregoing was acknowledged before me on _____, 20____, by _____, who produced the following identification: _____

Notary Signature: _____

Print Name: _____

Notary Public, State of _____

My Commission Expires: _____

Commission Number: _____

Media Release Form

As legal guardian, I give permission for _____ to participate in the St. John Vianney Formation Programming. I understand that photography and/or videos of participants may be procured during Formation Programming and used in promotional materials. I consent to the use of images or likenesses of the aforementioned person, for promotional purpose, by St. John Vianney Parish.

Como juridico doy permiso para que _____ participe en la Programacion Formativo de la St. John Vianney Parroquia. Entiendo que fotografias y/o videas, de participantes pueden ser procurados durante la Programacion Formativo y utilizados en materiale de propaganda. Doy mi consentimiento al uso de imagines y apariencias de la persona antes mencionada, para usos promocionales, por la St. John Vianney Parroquia.

Guardian/Firma del Juridico _____ Date/Fecha _____