



**EMERGENCY CONTACTS ~ used only if parent cannot be reached in the event of an emergency.**

**#1 Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**#2 Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

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**PART 1 HOSPITALIZATION COVERAGE FOR THE ABOVE NAMED CHILD/CHILDREN**

Insurance company or other program: \_\_\_\_\_

Family Physician Name & Phone #: \_\_\_\_\_

Hospital preferred: \_\_\_\_\_

I/We, being the parent(s) or legal guardian(s) of the above named child/children, appoint the designated parish faith formation facilitator to act in my/our behalf in authorizing necessary emergency medical, dental, surgical care, and hospitalization necessary to protect the child's life or health while he/she is participating in any parish faith formation activity occurring September 14, 2014 through May 17, 2015.

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

**PART 2 REFUSAL TO CONSENT (COMPLETE THIS PART ONLY IF YOU DO NOT CONSENT TO EMERGENCY TREATMENT)**

**I DO NOT** give my consent for emergency medical treatment of my child/children. In the event of illness or emergency treatment being required, I wish the Faith Formation authorities to take **NO ACTION** or to follow these instructions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**AUTHORIZATION FOR PHOTO RELEASE**

We love to highlight our children and their families when we have our faith formation events. We appreciate the opportunity to use photographs on our website, Facebook page, and bulletins from time to time. Please check (yes or no)

**YES!** I do consent to the use and reproduction of photography taken during Faith Formation Activities in which my child/children are reasonably identifiable.

**NO!** I do not consent to the use of any photography in which my child/children are reasonably identifiable.

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Would you be willing to help in some way in our faith formation program? (Circle) Y or N

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

Return by mail (Attention: Corey Ginnet, 11956 Washington St. Wolcott, NY 14590) or by Sunday collection basket.