

The following information MUST be completed:

Insurance Company _____ Policy Number _____

Emergency contact name if parent is NOT available. _____ Emergency Contact Phone Number _____

Does your child have any allergies? _____

Does your child take any special medications? _____

Does your child have any special dietary needs? _____

Please check one of the following in case of minor headache or stomach ailment:

Permission to give non-aspirin (Tylenol/Motrin/Advil) or antacid

Please call for permission Please do not give any medication to my/our child

Photo Release

I/We hereby grant JPIIYG, St. Benedict Catholic Church, the Diocese of Altoona-Johnstown, etc permission to use my/our own and/or my child's image and likeness in any television broadcast, photograph, video, internet site, audio-recording, and in any and all of its publications, including website entries (collectively "promotional materials") without payment or any other consideration. I/We understand and agree that these promotional materials will become the property of the above listed party and will not be returned. I/We hereby irrevocably authorize the above parties to edit, alter, copy, exhibit, publish, or distribute my/our own and/or my child's image and likeness for purposes of publicizing or promoting the above parties programs or for any lawful purpose. In addition, I/we waive the right to inspect or approve the finished product, including written or electronic copy, wherein my/our own and/or my/our child's likeness appears. Additionally, I/we waive any right to royalties or other compensation arising or related to the use of promotional materials. I/We hereby hold harmless and release and forever discharge the above parties from all claims, demands, and causes of action which I/we, my/our heirs, representatives, executors, administrators, or any other persons acting on my/our behalf, my/our child's behalf, or on behalf of my/our estate have or may have by reason of this authorization.

Name/Child Name _____

Parent Name (Print): _____

Parent Signature: _____

Date: _____