

ST. JUDE CATHOLIC COMMUNITY

EMERGENCY CONSENT AND PHOTO RELEASE FORM 2018-2019

Parent/Guardian: _____
Home Phone: _____ Email address: _____

EMERGENCY CONSENT:

To Grant Consent:

In the event reasonable attempts to contact me have been unsuccessful, I hereby **give my consent** for the administration of any treatment deemed necessary by medical personnel and, if necessary, the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two licensed physicians, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Signature of Parent/Guardian: _____ Date: _____

Refusal to Consent:

I **do NOT give my consent** for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the parish authorities to take the following action:

Signature of Parent/Guardian: _____ Date: _____

IMAGE CONSENT:

This consent is for use of personally identifiable images via electronic, video, auditory, print, and other media accessible by the public, for educational and/or marketing purposes.

Give Permission:

I **give permission** to St. Jude Catholic Community to use images of my children in educational or marketing materials. I understand the names will not be used unless specific permission is sought.

Signature of Parent/Guardian: _____ Date: _____

Deny Permission:

I **object** to the use of the images of my children for any purpose.

Signature of Parent/Guardian: _____ Date: _____

This entire form applies to the following students (include all family members under the age of 18):

Name: _____	Grade: _____
Name: _____	Grade: _____
Name: _____	Grade: _____
Name: _____	Grade: _____