

**St. John Vianney Faith Formation**  
**Diocese of Grand Rapids, Michigan**  
**Medical Treatment Release 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(ren): \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Reason for which release is intended: All St. John Vianney Parish Activities Until August 31, 2013

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**

**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 videos, 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 \_\_\_\_\_