

FAMILY HEALTH INFORMATION:

Does your child have any special needs or allergies that we need to be aware of to better facilitate his/her education? No _____ Yes _____ If yes, please explain _____

Does your child take any medications? No _____ Yes _____ If yes, please list

CONSENT TO CONTACT PHYSICIAN IN AN EMERGENCY:

In the event that I cannot be reached to make arrangements, I hereby give my consent to St. Charles Borromeo Parish to contact the physician named on side one of this form and, if necessary, transport my child to a clinic or hospital.

Parent's Signature:

_____ **Date:** _____

PERMISSION TO USE PICTURES: (sign one)

I hereby give St. Charles Borromeo Parish permission to publish pictures of my child/children (no names will be included) on the parish website or in parish publications.

Parent's Signature:

_____ **Date:** _____

I DO NOT give St. Charles Borromeo Parish permission to publish pictures of my child/children (no names will be included) on the parish website or in parish publications.

Parent's Signature:

_____ **Date:** _____

If you have any questions or require additional information please contact the RF office at 402-916-9750 or at jschuler@scbccomaha.org.

For Office Use Only:

Date Rec'd	Payment Amount	Check # / Cash	Rec'd By