

If you have registered more than one child in the program, please note, only one completed *photo / video* release form is necessary for the whole family. On the medical questionnaire, just note the child 's first name next to any of the questions you answered " yes " to.

PHOTO / VIDEO RELEASE

I hereby give permission for my son/daughter to be photographed or videotaped at John XXIII Catholic Community for the year registered in Religious Formation.

I realize the *photo/video* may be published in the bulletin or other parish publications. The photo/video may be used for informational, educational or promotional purposes regarding our Religious Formation program.

Parent Signature: _____ Date: _____

MEDICAL QUESTIONNAIRE

If unable to reach the parent (s) or emergency contact person, please contact:

Name: _____ Phone: _____

Name of Physician: _____

Does your child have any physical, mental, or emotional concerns that we need to be aware of? If yes, please explain: _____

Is your child diabetic? Yes___ No___ Suffer from seizures? Yes___ No___

Is your child allergic to any foods or medicines? No___ Yes___ If yes, list them.

Does your child have difficulties with any of the following? (If so, please explain)

Asthma ___ ADD ___ ADHD ___ Autism ___ Hyperactivity ___ Eyesight ___

Reading ___ Writing ___ Speaking ___ Hearing ___ Other _____

Please list any medications your child is taking that we should be aware of:

I have read and completed the above information and certify that I have disclosed all medical information regarding my child (ren).

Parent Signature: _____ Date _____
Parent//Guardian