

**DIOCESE OF MEMPHIS
HEALTH AND MEDICAL RELEASE FORM**

Student Name: _____

Date of Birth: _____ Age: _____ Sex: _____

Home Address: _____

Parent/Guardian: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

If a parent or guardian cannot be reached in an emergency, then please notify:

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Please list any persons that may pick your child up from school.

Name	Relationship to child
_____	_____
_____	_____
_____	_____

HEALTH HISTORY

List any pre-existing or present medical conditions: _____

List name and dosage of any medication taken on a regular basis: _____

List any allergies to medications: _____

List any other allergies: _____

Please specify if the student is under any special medical treatment or diet: _____

Any activity restrictions? ___ no ___ yes-please list _____

Date of last tetanus shot: _____ Wears contact lenses: ___ yes ___ no

Check if any of the conditions are present:

___ Hay fever

___ Heart condition

___ Allergic to insect stings

___ Diabetes

___ Frequent stomach upsets

___ Asthma

___ Epilepsy/nervous disorders

___ Any major illness/surgery in the past

___ Hearing/vision loss

If any of the above conditions are checked, please give details: _____

In the case of a medical or surgical emergency, I hereby give permission to the physician selected by Saint Ann School or its representative to hospitalize and/or secure proper medical treatment for the above named student. I understand that I am responsible for the cost of any medical treatments, including surgery, received by my child. I understand that I will be contacted immediately in the case of a health emergency involving my child.

Signature: _____ Date: _____

Insurance Company: _____

Policy Number/Group Number: _____

2017-2018
St. Ann Student Directory Information

This information will be published in the school directory. If you do not wish for this information to be included in the directory, complete ONLY your child's name and homeroom.

Child's Name _____ Homeroom _____

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Child's Name _____ Homeroom _____

Parents/Guardians Names _____

Address _____

City _____ Zip _____ Phone Number _____

Parent email address _____

******* For separate residences only *******

Mother/Guardian Name _____

Address (if different from child) _____

Phone Number (if different from child) _____

Father/Guardian Name _____

Address (if different from child) _____

Phone Number (if different from child) _____

EMERGENCY NOTIFICATION INFORMATION

During the 2017-2018 school year, we will be using email and a diocesan-wide phone messaging system for emergencies. We will be using email to send out interim reports on each student, the weekly parent bulletin and other important school information. The phone messaging system will be used to alert you to early dismissals for inclement weather or to emergency closings.

It is extremely important that we have your correct information.

Family Name _____

Students' Names & Grades:

Address _____

Home Phone _____

Cell Phone _____

Email Address _____

Email Address _____

Please list two daytime phone numbers (work or cell) that the emergency messaging system can use to contact you in the event of an emergency or an early dismissal. Please do not use a general work number that is answered by an auto attendant. It is important to list direct numbers only.

Only list two numbers as the system can only accommodate these additional two numbers.

Publicity Authorization Form

2017-2018

By signing this form, you give the Catholic Diocese of Memphis and/or St. Ann Catholic School permission to use and reproduce your child's likeness, voice, sound effects, photos, interviews, video, audio recordings and other information about your child. These items might be used in news stories, syndicated programming, public awareness, education, publicity, promotion and fundraising. These materials may be taken for the Catholic Diocese of Memphis and/or St. Ann Catholic School and their representatives or person(s) authorized by them. The purpose, as well as the type and duration of the publicity, will be to promote the activities or achievements of the school and its' students with the public, including newspapers; magazines; television; radio; video projects; comments or postings on the Internet, blogs and social media websites like YouTube, Facebook, MySpace, Twitter; oral testimonials in public venues; or publication in other media by celebrities and supporters.

You understand that these materials may also be given to the news media, companies or people outside the Catholic Diocese of Memphis and/or St. Ann Catholic School for use in films, videos, news stories, broadcasts and other syndicated programming, as well as letters, e-mails, print publication, Internet posts, telephone calls and publications for fundraising or public awareness. You agree to allow the Catholic Diocese of Memphis and/or St. Ann Catholic School and their representatives to update the news media about your child's story.

I, _____(parent) hereby consent to the free use by the Catholic Diocese of Memphis and/or St. Ann Catholic School, of my child's name and likeness for publication or display purposes. I have read this release and fully understand its contents.

Print name of student

Print name of parent or legal guardian