

**FIRST RECONCILIATION AND FIRST COMMUNION
REGISTRATION FORM
SACRAMENT YEAR 2009-2010**

MEDICAL RELEASE FORM

I give permission to seek any emergency care should my child be involved in any accident or be injured in any way during such events. I understand that at any such instance, all attempts will be made to contact the parent/guardian. In the event that I cannot be contacted, I hereby give permission to the attending physician to hospitalize, secure treatment for, and to order injection, anesthesia, and/or surgery for my child, as named herein.

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____ Relationship: _____

Name of Child: _____ Date of Birth: _____

Address: _____

Home phone # _____ Cell # _____

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____ Relationship: _____

Name of Child: _____ Date of Birth: _____

Address: _____

Home phone # _____ Cell # _____

Relative or friend to contact if unable to reach parent/guardian in the event of emergency:

Name and Relationship: _____

Phone #: _____

Hospital Preference: _____

Insurance Carrier: _____

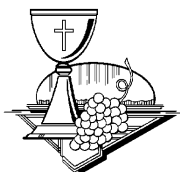
Insurance Policy Number: _____

Insurance is provided by which parent and/or place of employment: _____

Address and phone number of company: _____

Group Number: _____

Special considerations to be aware of (i.e.: allergies, medical conditions, etc...)



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PHOTO RELEASE FORM

_____ I *grant permission*

_____ I *do not grant permission*

for _____ to be photographed for *The Georgia Bulletin*, St. Peter Chanel Parish Bulletin, or St. Peter Chanel website. I understand that photographs may be reprinted in the above publications for public dissemination. I release and relieve St. Peter Chanel Parish, *The Georgia Bulletin*, and the Archdiocese of Atlanta from any responsibility of liability for any claims arising from the publication or reproduction of any photographs or interviews.

I also understand that the photography is being done with the knowledge of St. Peter Chanel parish and that a signed release form is on file for every student who has submitted by St. Peter Chanel Parish.

Parent or Guardian Name (please print) _____

Parent or Guardian Signature _____

Date: _____