Media Release Authorization

Cathedral of Mary of the Assumption Parish will not photograph video tape and/or voice tape individuals in its programs without consent. This form allows you to give permission for your child/children to be photographed, videotaped and/or voice taped by parish personnel and/or volunteers. Photographs, videotapes and/or videotapes and/or voice tapes, when consented to, will only be used for parish purposes. (ex. Website, parish bulletin board, bulletins, newsletter, etc.)

I hereby give permission for the personnel of Cathedral of Mary of the Assumption to photograph; videotape and/or voice tape my child/children for parish purposes. This release is for all children listed on registration form.

Parent/Guardian Signature _____ Date _____

Diocese of Saginaw
Minor Medical Treatment Authorization

To Whom It May Concern:

As a parent/guardian, I do hereby authorize the treatment by a qualified and licensed physician of any condition which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me.

Name of Minor(s) _____ Relationship to you_____
Reason for which release is intended: Sunday School/Sacramental Preparation

Address of Minor _____ City _____

Emergency Phone(s) (____)_____ or (____)_____

Family Physician _____ Phone _____

Physician Address _____ City _____
List allergies, medications, contacts, or other pertinent comments_____
_____

Health Insurance Data: Company _____ Policy _____

Group _____ Contract _____

I further authorize the person who presents the minor to sign the Acknowledgement of Receipt of Notice Privacy Rights that may be presented by the physician or health care facility
This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician.

Parent/Guardian Signature _____ Date _____

Registration Form for Sunday School

Cathedral of Mary of the Assumption

Student Information

- Student Name: _____
- Date of Birth: _____Grade:_____
- Sacraments Received (please circle if you've received them):
  Baptism First Communion

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- Date of Birth: _____Grade:_____
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- Date of Birth: _____Grade:_____
- Sacraments Received (please circle if you've received them):
  Baptism wee First Communion

Parent/Guardian Information

- Parent/Guardian Name: _____
- Phone Number: _____Email: _____

- Parent/Guardian Name: _____
- Phone Number: _____Email:_____

Emergency Contact (NOT Parent/Guardian)

- Emergency Contact Name: _____
- Phone Number: _____Email:_____
- Relationship to Child: _____