

**DIOCESE OF SAGINAW
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: _____ Relationship to you: _____

Reason for which release is intended: CORPUS CHRISTI FAITH FORMATION PROGRAMS _____

Address of Minor: _____ City: _____

Emergency Phone (s): (_____) _____ (_____) _____

Family Physician: _____ Phone: (_____) _____

Physician Address: _____ City: _____

List allergies, medication, contacts, health problems, special needs or other pertinent comments:

Health Insurance Data:

Company: _____ Policy: _____

Group: _____ Contract: _____

I further authorize the person who presents the minor to sign the Acknowledgment 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.

Date: _____ Signed: _____
(Parent or Guardian)

MEDIA RELEASE AUTHORIZATION

Corpus Christi Parish will not photograph, videotape and/or voicetape individuals in its programs without consent. This form allows you to give permission for your child/children to be photographed, videotaped and/or voicetaped by school/parish personnel and/or area news reporters. Photographs, videotapes and/or voicetapes, when consented to, will only be used for the purposes you specify below.

I, _____, hereby **give permission** for the personnel of Corpus Christi Parish/ School to photograph, videotape and/or voicetape my child/children (or allow area news reporters to do the same) for purposes of (circle the items that you will allow):

1. **Public Information for Promotion of Corpus Christi Parish / School Programs**
2. **In-School/Parish Purposes Only**

Student Name: _____

Parent/Guardian Signature: _____ Date: _____