

St. Mark's Children & Youth

Vital Information Form 2019-2020

Your child's health and safety are our first priority. Whether you are a long-time member or a one-time visitor, we require you to complete this form before we can include your child in nursery care, church school or other formation activities. **Please complete one form for every child.**

Child's Name:		Nickname:	
Age:	Date of Birth:	Gender:	Grade:
Special Needs/Allergies:			

We frequently take photos of children during formation events. Photos may be used in newsletters or other online publications. **Children's names are never used in connection with their photos.**

Y / N I give permission for individual photos.

Y / N I give permission for group photos.

Names of Parents/Guardians:

Address:

City:

State:

Zip:

Phone:

Email:

Authorized Pick-Up

If a parent or guardian is unavailable, I authorize the following person as an emergency contact and/or to pick up my child:

Authorized Person:

Phone:

Please Read and Sign the Following:

I give permission to the leaders of this program to secure emergency medical treatment for my child if there is insufficient time to contact me.

I agree to hold this parish and any associated agencies and persons free and waive any claims for payment of accident, injury, disability or damages to the person or property of the aforementioned child arising out of his/her participation in any activity related to his/her participation in the aforementioned activity.

Parent/Guardian Signature:

Date: