

Please fill out one per child registering
CHURCH OF THE ASCENSION
GENERAL CONSENT FORM

STUDENT _____ DOB _____

ADDRESS _____ CITY _____ AZ ZIP _____

HOME PHONE _____ PLACE OF BIRTH (city) _____ (state) _____

FATHER'S FULL NAME _____ CELL PHONE _____

MOTHER'S FULL NAME _____ CELL PHONE _____

DOCTOR _____ CITY _____ OFFICE PHONE _____

INSURANCE CO. _____ GROUP NUMBER _____

Alternate emergency phone number if parents can't be reached _____

Date of last tetanus shot for participant _____

**SPECIAL MEDICATIONS, ILLNESSES, FOOD ALLERGIES, PHYSICAL OR EMOTIONAL
CONDITIONS WE SHOULD KNOW ABOUT:**

MEDICAL RELEASE

I request that the above named participant be allowed to attend church related school, activities, events, trips; social's and service opportunities with Church of the Ascension. In the event of an illness, I request that the designated volunteer or Director of Catechetical ministry obtain medical treatment on my behalf for my student if I, or the emergency contact number, cannot be reached. Prescription medication will be given in its original container with dosage information on it. I understand reasonable precautions will be taken to safeguard the health and well being of my child and that I will be contacted immediately in case of emergency or accident. I understand this form will be kept on file and used for the entire fiscal year dated below. I promise to update any information that changes throughout the year. I understand I will be asked to sign attendance forms for each event or trip. I will not hold Church of the Ascension, the Diocese of Phoenix, the chaperon or Director of Catechetical Ministry responsible for accident or injury.

BEHAVIOR AGREEMENT

My student named above will dress and act respectively; use no verbal or physical abuse of self or others; will not have in possession at anytime, alcohol, drugs or tobacco of any kind; will be responsible for their own belongings; will not leave the designated area at any time for any reason without contacting the adult in charge; and will review these guidelines with me prior to signing below. I understand that if the child named above is involved in any illegal activity or serious destructive behavior that I will be contacted immediately and responsible for their immediate transportation home.

PHOTO RELEASE-Please mark one: ___ Yes my child's photos may be used ___ No, my child's photos may not be used.

I hereby grant my consent to use and release to:

The Catholic Diocese of Phoenix the use of my name and or my likeness or my student's name or likeness, whether in still, motion pictures, audio or video tape, photograph and/or other reproduction of me or my child, including voice and features, with or without names, of any promotional purposes involving the diocese or parish or program, news feature stories in The Catholic Sun or other media or other purpose whatsoever, except for the endorsement of any commercial products.

Parent or Legal Guardian _____

Today's date _____

DATE THIS FORM IS GOOD THROUGH: June 30, 2010