**Authorization for Medical Treatment**

I, as parent or legal guardian of the participants named above, do hereby give my consent for St. Mary Parish - Hudson staff or other duly authorized adult representative, in the event that all reasonable attempts to contact me have been unsuccessful, to seek medical attention and treatment deemed necessary by medical personnel. I give my permission to transfer my child to the nearest hospital.

Our healthcare insurance carrier is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This authorization does not cover major surgery, unless the medical opinion of two other licensed physicians concur on the necessity for such surgery and are obtained before surgery is performed.

I understand that no medicine, other than emergency allergy or asthma medicine provided by the parent, or basic first aid (antiseptic, band aid, ice) will be given to any child without contacting the parent/legal guardian.

 \_\_\_\_Yes, I agree to the Authorization for Medical Treatment

 \_\_\_\_No, I do not agree to the Authorization for Medical Treatment

**Photo Release**

I, as parent or legal guardian of the participants named above, give my permission to St. Mary Parish - Hudson to publish our child’s photo only (no name) in publications/media forms listed below, which includes but is not limited to the publications indicated, exclusively for the purpose of St. Mary Parish - Hudson and its parishioners.

Parish Bulletin, other Parish Publications, Parish Website

 \_\_\_\_Yes, I agree to the Photo Release

 \_\_\_\_No, I do not agree to the Photo Release

**Electronic Signature**

I am the parent or legal guardian of the participant(s) named above and have legal authority to execute the above permissions.

 \_\_\_\_Yes, I am the parent or legal guardian.

 First and last name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This is a binding electronic signature.