



Emergency/Communication/Media Release Statements:
(To be filled out by Parent/Guardian)

Candidate's Name: _____

Does your child have special needs due to any sort of disability or a unique family situation? If so, feel free to share: _____

Does your child take any medications? _____

Does your child have any foods allergies? _____

Emergency Contact: _____

Phone Number: (____) _____ Relationship: _____

Address: _____ City, State, ZIP: _____

I hereby grant permission for my child to be transported via ambulance and/or treated for emergency medical or dental problems if an emergency arises. I accept full responsibility for all medical expenses incurred as a result of my child's participation in this program.

Name (PLEASE PRINT): _____

Signature: _____ Date: _____

I hereby grant permission for the Youth Minister, Michael Bannon, to directly contact my child via cell phone/e-mail for the purpose of promoting Confirmation and/or youth programs at St. Patrick Church, as well as healthy reminders of Christ's love.

Name (PLEASE PRINT): _____

If you accept, please sign: _____ Date: _____

If you decline, please sign: _____ Date: _____

I hereby grant permission for my child to be photographed and/or videotaped during Confirmation Activities. I understand that my child may decline to be photographed and/or videotaped at any time. I further grant permission for the resulting photographs and/or videotaped footage to be edited, if necessary, and then published and/or broadcast for the purpose of promoting the Confirmation and/or youth programs at St. Patrick Church.

Name (PLEASE PRINT): _____

If you accept, please sign: _____ Date: _____

If you decline, please sign: _____ Date: _____

Please, return to:
 St. Patrick Ministry Office
 (Attn: Meg McDonough)
 991 S. Waukegan Rd., Lake Forest, IL 60045
 Fax: (847) 234-1433

Michael Bannon's Contact Information:
 Office Line: (847) 234-1401 ext. 203
 E-Mail: MBannon@StPatrick-LakeForest.org
 Or
MMcDonough@StPatrick-LakeForest.org