

Diocese of Venice
1000 Pinebrook Rd., Venice, FL 34285
(941) 484-9543

MEDICAL AUTHORIZATION FOR MINOR

NAME OF MINOR: _____ D.O. B. _____

PARISH/SCHOOL: _____

HOME ADDRESS: _____

PARENTS/GUARDIANS: _____ / _____

PHONE #s: WORK _____ / _____ HOME: _____ CELL _____

EMERGENCY CONTACT: _____ PHONE: _____

MEDICAL INFORMATION: Please list all information pertaining to allergies, diet needs, special medication, physical impairments, blood type, health conditions or any other information necessary in an emergency situation. Explain fully:

Child's Doctor: _____ Phone: _____

Address: _____

In case of illness or injury of the above student, reasonable effort will be made to contact the parent(s)/legal guardian(s)/emergency contact. In case of a medical emergency when these parties cannot be notified or are not available, I (we) authorize parish, school or other diocesan officials to consent to any x-ray examination, anesthetic, medical or surgical treatment, and/or hospital care, as determined to be necessary and appropriate by a physician licensed in the State in which treatment is sought. This authorization is valid for a period of 2 years from the date of execution. I (We) agree to assume financial responsibility for any medical treatment provided to the above minor and **a copy of the applicable health insurance card is attached.**

Signature of Parent or Legal Guardian

Signature of Parent or Legal Guardian

Please return this form to the school or parish office.

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**AUTHORIZATION FOR RELEASE AND USE OF STUDENT IMAGE
IN PHOTO, VIDEOTAPE OR OTHER MEDIA**

I, the undersigned parent/legal guardian of _____, a
minor/student in Grade _____, hereby grant to _____ (School/Parish) the
following irrevocable rights:

1. To use the name, photograph, picture, portrait, voice, appearance, likeness, performance (hereinafter collectively known as "image") of the above minor in connection with its educational, promotional, fund-raising activities, or for any other legitimate purpose;
2. The right to use, reproduce, publish, exhibit, distribute, and transmit the image of my minor individually or in conjunction with other images or printed matter in the production of brochures, slides, motion pictures, broadcasts (radio and television), audio or video tape, recordings, still photography, CD-Rom and any other manner of media now known or later developed;
3. The right to use, reproduce, publish, exhibit, distribute, and transmit the image of my minor individually or in conjunction with other images or printed matter on the school's Internet web site. No personal information such as home address or phone numbers will be published;
4. The right to record, reproduce, amplify, edit, and simulate my minor's image and all sound effects produced; and
5. The right to copyright, in its own name, works that contain the image of minor; and
6. The right to assign the above-mentioned rights to third parties.

I understand that the videotape, still photos, or other media incorporating the image of minor will become the property of the school. I hereby waive the right to inspect or approve my minor's image or any finished materials that incorporate said image.

I understand and agree that no compensation will be provided, now or in the future, in connection with the use of minor's image, and nothing herein will create any obligation on the part of school to make use of the rights or materials set forth herein.

I hereby release and forever discharge Frank J. Dewane, as Bishop of the Diocese of Venice, his successors in office, a corporation sole, _____ Catholic School/Parish, their agents, employees and assigns from any and all claims demand, rights, and causes of action of whatever kind that may arise from the use of minor's image, including all claims for libel and invasion of privacy.

I hereby certify that I am the parent/legal guardian of the above referenced minor, and I give my consent, without reservation, to the above agreement on behalf of said minor. This agreement shall be valid for a period of four years from the date hereof, unless revoked in writing.

Parent/Guardian's Signature

Date

Address

Phone

**Please return this form to
the school or parish office.**

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**PARENT/GUARDIAN CONSENT TO RELEASE MINOR TO THIRD PARTY AND RELEASE
OF LIABILITY/AGREEMENT TO INDEMNIFY**

Diocesan Entity: _____ Date of Event _____

I, the undersigned parent/guardian of the minor, _____,
hereby give permission for my minor to be released to the following adult: _____
_____ (upon the provision of picture identification)
on the following date _____ at such time or under such circumstances as are
identified herein: _____

I understand that the parish/school may or may not know this third party and makes no representation regarding the individual's character, criminal history, driving record, insurance, or fitness to supervise children. Upon the release of my minor to the above identified third party, the parish/school has no further responsibility for my minor's care or well being whatsoever.

I hereby release school/parish/program, the Bishop, individually and as a corporation sole, and all agents, employees and volunteers of said parish/school/program (hereinafter collectively known as "church") from any and all liability, including that arising from the negligence of the Church that may arise from acting in accord with the terms of this Consent. I hereby agree to hold harmless and indemnify Church from any claim that may be made against it arising from this Consent.

Parent/Guardian of Minor

Third Party Adult

Date Signed

Date Signed