

## HEALTH HISTORY

*In order to help assure the well-being of our students we will need to know the following health related information for your child/children. Please read carefully the items listed below and answer all questions. All forms must be signed for registration to be complete.*

Child's Name \_\_\_\_\_

Grade \_\_\_\_\_

### **SPECIAL HEALTH CONDITIONS**

If any of your children experience officially diagnosed ongoing **physical, mental, or emotional** health problems, such as **allergies, learning disabilities, fainting, convulsions, stomach upsets, frequent headaches, asthma or respiratory problems, high blood pressure, heart problems, possible reactions to medication, Asperger's, ADHD, or any other condition that we should know about**, please explain those conditions below. Explain any special restrictions on activities (including snacks) that this condition may necessitate. If you need more space, please attach an extra sheet, and, if possible, attach a note from your child's physician.

Condition: \_\_\_\_\_

Condition: \_\_\_\_\_

Condition: \_\_\_\_\_

### **MEDICATIONS**

If your child is on medication, including insulin and/or medication for allergies, which must accompany the child to class or might affect his/her behavior, please attach a clearly written, signed note, including the name of the child, the name of the medication, and its purpose. Medications brought to class should be in their original containers with prescription and/or store labels. If special help is needed storing or administering this medication, please explain thoroughly in your note.

### **SIGNATURE/EMERGENCY WAIVER**

I have completed all parts of this registration form. I will exercise good judgment regarding my child's health, safety, and well-being, while participating in this program. In case of a life-threatening emergency, or any emergency in which I or those designated by me on this form cannot be contacted, I authorize the staff of the Office of Religious Education to call 911 or take any other action necessary for the safety of the child I have listed on this form.

### **DIOCESE OF ROCKVILLE CENTRE GUIDELINES**

The Faith Formation program follows all guidelines and expectations required by the Office of Faith Formation for the Diocese including textbook and program material selections, Home Study guidelines, approved guest speakers, planned parent/guardian meetings, sacramental preparation requirements, VIRTUS training and background checks for volunteers.

Each year, every child enrolled in a Faith Formation program levels 1 to 6 in the Diocese will receive safety training by the use of the Child Lures Prevention Program, "Think First & Stay Safe." Parents/guardians will be given a Child Lures Prevention Handbook for the purpose of reviewing the topics that are taught to your child in an age appropriate way. The date of this training session will be noted in the Faith Formation calendar.

**SIGNATURE PARENT/GUARDIAN** \_\_\_\_\_ **DATE:** \_\_\_\_\_

### **PHOTO/VIDEO PERMISSION AND RELEASE FORM**

I hereby grant permission, without reservation, to St. James Religious Education, and to those authorized by St. James Religious Education, to take photographs and to make recordings of my child or children named below, and to use them in original or modified form in all media now or hereafter known, (including, without limitation, websites, bulletins, newsletters and promotional brochures) with or without name or information, solely for the promotion, public education, and/or fundraising activities of St. James Religious Education.

I understand and agree that I am entitled to receive no compensation for the above.

I release St. James Religious Education, its officers, directors, agents, employees, independent contractors, licensees, and assignees from all claims that I now have or in the future may have, relating to the above. I further agree that St. James Religious Education will be the sole owner of all tangible and intangible rights in the abovementioned photographs and recordings, with full power of disposition.

I am the parent or guardian of the minor(s) named below, and I hereby consent to the foregoing on behalf of the minor(s) and myself.

Name(s) of Child/Children \_\_\_\_\_

My Name \_\_\_\_\_

\_\_\_\_\_  
(Signature)