

**St. Bartholomew the Apostle Catholic Church**  
5356 Eleventh Street, Katy, Texas 77493 (281)391-4758  
Arch Diocese of Galveston-Houston

Medical Release for Minor Participants

I \_\_\_\_\_, hereby give my permission for a qualified, licensed physician to treat my child(ren) \_\_\_\_\_ . In case of a medical emergency, it is understood that, in the case of minor emergencies, the adult representative will attempt to reach us before our child(ren) is taken to a physician, clinic, or emergency department. If we cannot be reached, then the adult agent may act as our representative.

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

In case of emergency (when the parent/guardian cannot be reached), please contact:

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Media Release

I hereby grant permission for photographs of my child to be taken during Vacation Bible School at St. Bartholomew the Apostle Catholic Church. If you do not consent to having photos of your child(ren) taken during church related events, enclose a signed and dated letter to that effect. Pictures will be available from an online website such as Bucketlist, Snapfish, etc. as a convenience for your viewing or to purchase. It is my understanding that this photograph/interview or portions thereof will be used for public view. I agree to participate in this project without financial remuneration, and I understand that this releases St. Bartholomew the Apostle Catholic Church, and the Archdiocese of Galveston-Houston from any future claims as well as from any liability arising from the use of said photograph. This authorization shall be in effect and on file at St. Bartholomew until August 1, 2018.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*The information you have given is for St. Bartholomew use only we do not share this information with anyone outside the Parish.

