



St. Thomas of Canterbury Catholic Church  
1522 McCoy Avenue  
San Jose, California 95130

**Faith Formation 2026 - 2027**  
**Medical Information**

Name of Student #1 \_\_\_\_\_

Name of Student #2 \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Cell Phone \_\_\_\_\_

Medical Insurance Name \_\_\_\_\_

Medical Insurance Policy# \_\_\_\_\_

Primary Physician's Name \_\_\_\_\_

Primary Physician's Phone \_\_\_\_\_

Special Needs (Medical, Learning, Disabilities, Physical Disabilities, etc.)

If yes, please explain.

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Allergies:

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**FAITH FORMATION 2026 - 2027  
MEDIA RELEASE CONSENT FORM**

Occasionally pictures are taken at class, ministry events and gatherings.

We would like to be able to use these photographs for newsletters, flyers, eBulletin, parish websites, etc. Concerns about published pictures should be expressed to Faith Formation Director (Vicki Schwoob) so that it will be promptly dealt with.

I authorize and give full consent, without limitations or reservations, to St. Thomas of Canterbury Parish to publish any photographs to which my child(ren) participating in any Faith Formation activity or events held at St. Thomas of Canterbury. No compensation is given.

Name of Child(ren) \_\_\_\_\_

Name of Parent \_\_\_\_\_

Signature of Parent \_\_\_\_\_ Date: \_\_\_\_\_