ST. BARTHOLOMEW
PARISH & ACADEMY
BUILDING UP MISSIONARY DISCIPLES

HOLY FAMILY CATHOLIC PARISH
Faith • Family • Service
PARMA, OHIO

Ignite Medical Release Form 2026-2027

Emergency Contact Information

If your child is not feeling well, please do not bring them to Ignite. If your child becomes ill during Ignite, every effort will be made to contact you at your primary and alternate phone numbers. In case we cannot reach you, please provide contact information for **two** individuals we may contact to pick up your child from PSR program.

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

CONSENT FOR EMERGENCY TREATMENT

In case of emergency and in the event reasonable attempts to contact me have been unsuccessful, I give my permission to provide any medical treatment, care, or attention that is required. This authorization does not cover major surgery, unless the medical opinions of two licensed physicians or dentists, concurring on the necessity for such surgery, are obtained before surgery is performed.

Parent/Guardian Signature: _____ Date: _____

Primary Phone: _____ Alternate Phone _____

Special Considerations

Is there any information about your child that you would like to share with us? Does your child take daily medication? Are there allergies we should know about? Are there physical/emotional considerations? Does your child receive accommodation at their regular school? Would your child benefit from small-group catechesis rather than placement in the usual Ignite classroom? What can we do to help your child in our program? Does your child have an IEP or 504 plan at school?

Child's Name: _____

Considerations: _____

_____

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MEDIA CONSENT AND RELEASE FORM

I (We) the parent(s) and/or guardian(s) of the minor child identified below hereby grant **St. Bartholomew Parish & Holy Family Parish** ("Parish"), the Catholic Diocese of Cleveland ("Diocese") and/or their respective agents consent to record (in writing or otherwise), photograph, audio record, or video record my minor child's name, image, likeness, spoken words, work or projects, in any form, and to display, release, exhibit, publish, or distribute the same, or any part thereof, for any lawful Parish or Diocesan use or purpose including, without limitation, use on bulletin boards, websites, social media sites, print and electronic media, marketing publications, public relations and communications materials and/or presentations, and any other uses as may not be contemplated herein, without further notice or compensation as follows:

□ I consent.

□ I do not consent.

I further understand that by entering into this informed consent and release, and by granting permission as stated herein, I hereby release the Parish, the Diocese of Cleveland, the Bishop of Cleveland, and their respective officers, directors, agents, employees and/or attorneys from and against any and all liability, loss, damage, costs, claims, and/or causes of action arising out of or related to the above items to which I have consented.

I further understand that the Parish and Diocese and their respective officers, directors, agents, employees and/or attorneys have no control over use of photographs, video recordings, audio recordings, or other records made by others and/or outside the scope of this consent and release.

Finally, in signing below I acknowledge that all recordings, audio recordings, video recordings, photographic proofs, photographic negatives, positives, and prints created pursuant to this Release shall constitute the sole property of the Parish and/or the Diocese.

_____
Name of Minor Student (please print)

_____
Signature of Parent(s) or Legal Guardian(s)

_____
Printed Name of Parent or Legal Guardian

_____
Date