



## CONSENT FOR MEDICAL TREATMENT 2023-2024

### Emergency Medical Treatment:

I/We hereby warrant that to the best of my/our knowledge, my/our child(ren) enrolled at Saint Anne Catholic School are in good health, and I/we assume all responsibility for the health of my/our child(ren). In the event of an emergency, I/we hereby give permission to transport my/our child(ren) to a hospital for emergency medical or surgical treatment. I/We wish to be advised prior to any further treatment by the hospital or doctor.

Family Last Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Person Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Health Plan Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Medications:** If my/our child(ren) need to take medication, I understand that I/we need to fill out the Parent Request and/or Physician Request Forms that are available in the office. No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life threatening and emergency treatment is required.

\_\_\_\_\_  
Child Name #1

\_\_\_\_\_  
Child Name #2

\_\_\_\_\_  
Child Name #3

\_\_\_\_\_  
Child Name #4

THIS RELEASE MUST BE SIGNED BY BOTH PARENTS. If only one parent signs this document, that parent presents and warrants to the Diocese that he/she is the sole custodial parent of the student participant with the authority to sign this waiver and release form.

Signature of Father: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Mother: \_\_\_\_\_ Date: \_\_\_\_\_

### HOME OF THE CRUSADERS

1813 South Maryland Parkway, Las Vegas, NV 89104 Phone (702) 735-2586 Fax (702) 735-8357  
school.stannelvnv.org Email [school@stannelvnv.org](mailto:school@stannelvnv.org)



**PHOTO RELEASE AND AUTHORIZATION 2023-2024**

**Family Last Name:** \_\_\_\_\_

I/We, the parent(s) and/or guardian(s), of my/our minor child(ren):

\_\_\_\_\_  
Child Name #1

\_\_\_\_\_  
Child Name #2

\_\_\_\_\_  
Child Name #3

\_\_\_\_\_  
Child Name #4

do hereby consent and authorize the release, publication, dissemination, distribution, use and/or reproduction of any and all photographs taken of my/our son or daughter during the **2023-2024 school year** by an employee, agent or representative of Saint Anne Catholic School, or by an independent contractor.

This Release and Authorization acknowledges that all photographs, negatives, positives, and prints shall constitute the property of Saint Anne Catholic School or by the Department of Catholic Education of the Diocese of Las Vegas for any purpose determined by their discretion, without further notice or without any compensation to me/us or to my son(s) or daughter(s).

\_\_\_\_\_  
Parent and/or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent and/or Guardian

\_\_\_\_\_  
Date

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