



Child's Name: \_\_\_\_\_ School Attending: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age as of 09/01/2020: \_\_\_\_\_

Grade in R.E. Program:

\_\_\_ PS \_\_\_ K \_\_\_ 1 \_\_\_ 2

\_\_\_ 3 \_\_\_ 4 \_\_\_ 5 \_\_\_ 6

\_\_\_ 7 \_\_\_ 8 \_\_\_ HS

**Sacrament Preparation this year:**

- \_\_\_ First Communion (Grade 2, Year 2 in R.E. Program)
- \_\_\_ First Reconciliation (Grade 2 or older, Year 1 in R.E. Program)
- \_\_\_ First Communion (Grade 3 or older, Year 2 in R.E. Program)
- \_\_\_ Confirmation Year 1
- \_\_\_ Confirmation Year 2

**Sacraments already celebrated:** *(Verify that baptismal certificate is on file or attach a copy of baptismal certificate)*

\_\_\_ Baptism: \_\_\_\_\_ Parish: \_\_\_\_\_  
(date)

\_\_\_ Reconciliation: \_\_\_\_\_ Parish: \_\_\_\_\_  
(date)

\_\_\_ Eucharist: \_\_\_\_\_ Parish: \_\_\_\_\_  
(date)

\_\_\_ Confirmation: \_\_\_\_\_ Parish: \_\_\_\_\_  
(date)

***If your child has a learning disability, any medical conditions or allergies, please let us know:***

\_\_\_\_\_  
\_\_\_\_\_

***Adoption/Custody/Guardianship Agreements (we must have a copy of court documents on file)***

\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

***For Director's Use ONLY:***

\_\_\_ Baptismal Certificate \_\_\_ Birth Certificate \_\_\_ Adoption/Guardianship/Custody Documents

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Saint Mary Parish

## Religious Education Program – 2020-2021 Medical Information & Authorization for Medical Treatment

### MEDICAL/ EMERGENCY INFORMATION

Name	Grade	Medical allergies/significant medical history	Last tetanus immunization

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

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

Legal Guardian \_\_\_\_\_ Home # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Name of Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

Insurance Number \_\_\_\_\_

Other contact in case of emergency:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

### MEDICAL RELEASE

In the event that the undersigned, or my (our) authorized physician, cannot be reached and in the judgment of Karie Ferrell, the Director of Faith Formation, or other person responsible for the program/ group, or other appropriate staff member, there is a necessity for immediate examination and/or treatment of my (our) child, I (we) hereby request and authorize any of the aforesaid personnel to obtain for my (our) child such medical services as are deemed necessary. I agree to assume the financial responsibility for any diagnosis/treatment and for medication deemed necessary.

**Dates for which release is intended:** September 1, 2020 through August 31, 2021

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date