



Child's Name: _____ School Attending: _____

Date of Birth: _____ Age as of 09/01/2021: _____

Grade in R.E. Program in 2021/2022:

___ 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 – 2021-2022 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, 2021 through August 31, 2022

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date