



St. Patrick Church Religious Education Medical Release Form 2017-2018



ONE MEDICAL RELEASE FORM MUST BE FILLED OUT FOR EACH CHILD ENROLLED IN THE RELIGIOUS EDUCATION PROGRAM.

As a parent and/or guardian, I authorize the treatment by a qualified and licensed medical doctor of the following minor in case of medical emergency, that in the opinion of the attending physician, may endanger her or his life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted after a reasonable effort has been made to reach me.

Please fill in the following information and sign where indicated:

NAME OF MINOR _____ **ADDRESS** _____

BEST NUMBER TO CALL IN CASE OF EMERGENCY _____ **RELATIONSHIP TO YOU** _____

PHYSICIAN NAME _____ **PHONE NUMBER** _____

DENTIST NAME _____ **PHONE NUMBER** _____

List specific medical allergies, chronic illnesses, learning disabilities or other health or learning issues that may affect classroom behavior:

This release form is for the duration of the Religious Education classes, September, 2017 through May, 2018. I have completed this form and signed of my own free will with the sole purpose of authorizing medical treatment, under emergency circumstances, in my absence.

Signed _____ Date (mm/dd/yyyy) _____

IMPORTANT: You must notify the Religious Education Office **immediately** if any of the above information should change at any time. (i.e. change of physician, dentist, medical conditions or concerns.)

PHOTO OPT-OUT

Occasionally we publish photos of Religious Education students on our website, newsletters or church bulletin. if you **DO NOT** wish your child's photograph used, please indicate below.

I **DO NOT** give permission for photo release of the student listed above.

Signed _____

DO NOT TYPE OR WRITE IN THIS SPACE