

Religious Instruction Registration

**SPECIAL MEDICAL CONDITIONS**

Please include any special medical conditions such as: allergies, learning disabilities, difficulty with reading, ADHD, etc. (If not applicable please list child's name and write N/A)

Child's Full Name	Medications (if needed)	Condition	Learning Disability Special Need
1. _____			
2. _____			
3. _____			

Procedure to be followed if above condition presents an emergency:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

IN CASE OF AN EMERGENCY: persons to be contacted if Parent/Guardian cannot be reached:

Name	Home Phone	Cell Phone	Relationship
1. _____			
2. _____			

DOCTOR FOR EMERGENCY: \_\_\_\_\_

PHONE # \_\_\_\_\_ CELL # \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

In case of a **minor accident or illness**, I request that the representative of the parish catechetical program contact me. If I am unable to be reached, I hereby authorize this representative to call the physician indicated and to follow the physician's instructions. If it is impossible to contact this physician, the representative of the parish catechetical program may make whatever arrangements seem necessary. I agree to assume the financial responsibility for any diagnosis, treatment and/or medication deemed necessary.

In case of **serious accident or illness**, I authorize that the representatives of the parish catechetical program to **call 911 immediately**. I agree to assume the financial responsibility for any diagnosis, treatment and /or medication deemed necessary.

To the best of my knowledge all information given is accurate and complete. I hereby consent to, and authorize the necessary procedures that have been stated above.

PARENT SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

or

GUARDIAN SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_