



Christ the King Religious Education Medical Emergency Form

In the event of a medical emergency during Religious Education, we need to have a medical form that can accompany the child for medical treatment. It is important to have a separate form per student. We appreciate your assistance in this matter.

PRINT

Student's Legal Name _____

Last

First

Middle

Home Address _____

Street

City

Zip

Birth Date _____ Age _____ Gender _____ Home Phone _____

Father/Guardian Name _____

Last

First

Mother/Guardian Name _____

Last

First

Student Lives With _____

Emergency Contact Numbers:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

If there are any medical reasons that my child cannot fully participate in religious education activities, I will provide a written notice and arrange a conference to share any pertinent information within the first week of enrollment or discovery of the condition.

I authorize a representative of Christ the King religious education program to consent medical treatment of the above named student in the event of an emergency. I, the undersigned, have read this Release and Consent of Medical Treatment and understand all of its terms and conditions.

Parent Signature _____ Date _____

Hospital of Choice _____

Medical Conditions, Medications or Allergies _____