

2020-2021 Medical Information/Release Form

Father's Name: _____ Cell phone number: _____

Mother's Name: _____ Cell phone number: _____

Home Phone: _____

Name and grade of each child in the Religious Education Program:

Child# 1 _____ Child #2 _____

Child #3 _____ Child #4 _____

Child #5 _____ Child #6 _____

In case of accident or serious illness, I request that St. Paul the Apostle Catholic Church contact me or the emergency contact for my child. If the parish is unable to reach me or the emergency contact for my child, I hereby authorize the parish to make whatever arrangements seem necessary.

I AUTHORIZE EMERGENCY MEDICAL TREATMENT TO BE GIVEN TO MY CHILD.

Signature of Parent(s)/Guardian(s): _____

Emergency Contact **other than parents:** _____

Relationship to children: _____

Home phone: _____ Cell phone: _____

The following information is provided should my child require medical attention

Insured Name: _____

Name of Medical Insurer: _____

Policy Number: _____ Group ID# _____

Doctor Name: _____ Doctor Phone: _____

Preferred Hospital _____

Please list any pertinent medical information, medications, limiting physical conditions, and allergies to drugs or food. Indicate information as it pertains to each child.

Child #1 _____

Child #2 _____

Child # 3 _____

Child # 4 _____

Child #5 _____

Does your child have any special needs or special learning considerations (IEP, etc) that would help our teachers help your child?

Child: _____ Special Needs: _____

Child: _____ Special Needs: _____

Child: _____ Special Needs: _____

Release of Liability

In consideration of St. Paul the Apostle Catholic Church accepting my child's registration in the Religious Education Program, I/we release, hold harmless and discharge St. Paul the Apostle Catholic Church and the Diocese of Harrisburg, their officers, trustees, employees, agents, and catechists of and from any and all liability, claim, damage, cost or expense, except in the case of willful/intentional harm or gross negligence and waive any such claims against any such person or organization in connection with the Church of the Diocese of Harrisburg.

Print Parent/Guardian Name: _____

Signature: _____ **Date:** _____