

EMERGENCY INFORMATION:
2024-25

FAMILY LAST NAME _____

In case of emergency, I can be reached during PSR time at _____

EMERGENCY MEDICAL AUTHORIZATION To enable parents to authorize the provision of emergency treatment for children who become ill or injured while attending Religious Education classes, only when parents cannot be reached.

Part 1: To Grant Consent

Physician _____ Phone (____) _____

Local Hospital _____ Phone (____) _____

In case of emergency, I understand St. John the Baptist Religious Education will make every effort to contact me or other designated parent or guardian (Name) _____ Phone # _____

(However, if they cannot reach me or the designated person, I give my permission to take my child for emergency treatment. I release St. John the Baptist Religious Education and St. John the Baptist Church staff, and volunteers, from all liability of any kind which may arise from such emergency.)

Signature of Parent or Guardian: _____

OR

Part 2: Refusal to Consent

I do not give my consent for emergency medical treatment of my child(ren). In the event of illness or injury, I wish you to take the following action:

Signature of Parent or Guardian: _____

HEALTH AND LEARNING DISABILITY INFORMATION Please list any health information concerning your child, including allergies, medications being taken and any physical impairment to which a physician should be alerted as well as any learning disabilities that PSR staff should be aware of. **If more space is needed, please attach an additional note.**

CHILD'S NAME _____
Pertinent Health Information _____

Pertinent Learning Disability Information _____

CHILD'S NAME _____
Pertinent Health Information _____

Pertinent Learning Disability Information _____

CHILD'S NAME _____
Pertinent Health Information _____

Pertinent Learning Disability Information _____

CONSENT FOR RELEASE OF PERSONALLY IDENTIFIABLE INFORMATION (please check one)

_____ I give consent to the release of photographs and name of the minor to be used by St. John the Baptist Parish for future promotional programs of St John the Baptist Parish and the Diocese of Columbus.

_____ I do not give consent to release of photographs and names of minors to be used by St. John the Baptist Parish for future promotional programs of St John the Baptist Parish and the Diocese of Columbus.

Signature of Parent or Guardian: _____

Suggested Donations \$25 per child

Office Use Only Paid Y N Amount Date Check # Cash