

## HEATH HISTORY AND MEDICAL RELEASE FORM

### ST. MARY CHURCH RELIGIOUS ED. PROGRAM/ACTIVITIES

**Please fill out this form to help us keep our records up to date for the safety of all our children! Thank you.**

Student's Name \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Relation to student \_\_\_\_\_

Home Phone # (\_\_\_\_\_) \_\_\_\_\_ Cell Phone # (\_\_\_\_\_) \_\_\_\_\_

### HEALTH HISTORY

Family Doctor \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_

**IMMUNIZATION – Up to Date (Circle) YES NO**

\*\*\*ALLERGIC REACTION Please list all known allergies (plant, insect, food, etc.) and type of reaction.

\*\*\*If your child has a food allergy please provide an alternate snack or let us know what is safe for them from our snack assortment. This alleviates anxiety on the part of the child and the teacher. Thank you!\*\*\*

Please indicate any other medical problems/situations pertinent to this child:

Any physical/emotional/psychological limitations or reactions \_\_\_\_\_ If yes, please explain:

What medication is this child presently taking? \_\_\_\_\_

In an emergency, and unable to reach parent/guardian, contact:

1. Name \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_

2. Name \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_

### PARENTAL/GUARDIAN PERMISSION FORM TO PARTITIPATE IN PARISH PROGRAM

I hereby consent to participation by my son/daughter \_\_\_\_\_ in the St. Mary Religious Education Program, Chelsea, Michigan for the 2025/2026 academic year. I understand that this program will take place on the parish grounds and that my son/daughter will be under the supervision of the authorized parish personnel.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**PLEASE COMPLETE BOTH SIDES!!! OVER**



PERMISSION FOR EMERGENCY MEDICAL TREATMENT

In case of emergency, I hereby give permission to transport my child to the nearest hospital/emergency center for emergency medical or surgical treatment. I will be contacted as soon as possible and will be advised prior to any further treatment by the hospital or doctor.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Family Insurance Provider/Health Plan Number \_\_\_\_\_

We do not wish to give any medical treatment to your child against your wishes or family practice. Read each of the following, and sign/date one option: **SIGN AND DATE ONLY ONE (A or B)**

- A. I give permission for non-prescription medication (i.e. Tylenol, cough syrup, etc.) and routine non-surgical medical care to be given to my child if deemed advisable by authorized parish personnel except for the following \_\_\_\_\_.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

- B. I do not want ANY type of medication administered to my child unless the situation is life-threatening and emergency treatment is required.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

PERMISSION TO USE CHILD'S PHOTOGRAPH

We occasionally take pictures of the children during Religious Education classes. These photographs would only be used here at St. Mary Church, either in the weekly bulletin (which is posted on our website) or on a bulletin board in the classroom. Please initial yes or no below.

YES \_\_\_\_\_

NO \_\_\_\_\_