

## Medical Release, Emergency Authorization

**Student(s):** \_\_\_\_\_ **Family Name (if different)** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**Parent or Guardian Authorization:**

I/We hereby consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said child/children under the general or special instructions of our family's physician (listed below), or any physician the school or organization may call, whether such diagnosis or treatment is rendered at the office of the doctor or at a licensed hospital.

It is understood that reasonable effort will be made to contact the doctor listed below before any other physician is called by the school or organization. It is further understood that this consent is given in advance of any specific diagnosis or treatment which might be required and is given to authorize St. Damian Church or the physician to exercise their best judgement as to the requirements of such diagnosis or treatment.

This consent shall remain in continuous effect until revoked in writing and delivered to the physician named below or to the school or organization entrusted with the custody of said minor.

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel. In any event, I/we agree to hold St. Damian Catholic Church harmless for any actions performed by their staff in assisting my/our child(ren), arising from a medical emergency.

Family Doctor: \_\_\_\_\_ Phone Number (      ) \_\_\_\_\_

Address: \_\_\_\_\_ Hospital Preference: \_\_\_\_\_

Insurance Information

Health Insurance Company \_\_\_\_\_ Phone \_\_\_\_\_

Policy Number \_\_\_\_\_ ID Number \_\_\_\_\_

Emergency Contact Numbers

Father's \_\_\_\_\_ Mother's \_\_\_\_\_

If Parents cannot be reached who should we call

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Please list any allergies/medical problems, behavioral and learning issues, including those requiring medications. (e.g. Diabetic, Asthma, ADD, ADHD, Autism, Dyslexia, Seizure Disorder, Allergies, etc.) Please be specific. Please include a copy of your child's current IEP/504. Please furnish custody paperwork if applicable.

Authorized Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Student	Medical diagnosis/behavior	Medications taken

## Religious Education Program Understanding, Sacramental Permission

**Note: Parental signature is required for enrollment in Religious Education and to receive a Sacrament.**

**By registering my child for Religious Education and Sacrament classes:**

- *I understand the importance that weekly Mass attendance has in my child's faith formation.*
- *I understand that it is my responsibility to help my child attend Mass weekly.*
- *I understand that RE Sessions are held on Mondays 6:45 PM – 8:00 PM, beginning September 10, 2018.*
- *I understand that my child must attend class regularly and be on time for class.*
- *I understand that more than 4 absences or in a year may result in their not making the Sacrament of First Communion or Confirmation, or not moving to the next grade level.*
- *Participation in the Religious Education program is only one part of your family's responsibility as members of the St. Damian Catholic Church Community. At Baptism you, as parents or godparents, promised to bring your child up in the Catholic faith; that means **teaching him/her how to pray, how to worship, and how to serve others.***
- *I will attend parent meetings.*
- *I understand that I should strive to contribute to the Parish in my weekly envelope or Give Central donation.*
- *I will see that a responsible parent/guardian drops off and picks up son/daughter from the classroom at the beginning and end of every session.*
- *I will review all student conduct rules with my child which will be attached to this registration packet.*
- *I have read and understand all handbook policies.*
- *I will review, sign, and return all progress reports in a timely manner.*
- *I understand that I am responsible to check my child's folder for all correspondences and review lessons weekly with my child in order for my child to receive full benefit of this catechetical formation.*

Authorized Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please Complete if Preparing for First Communion or Confirmation**

\_\_\_\_\_

Last

First

Middle

\_\_\_\_\_

City of Birth

State

Date of Birth

Age

\_\_\_\_\_

Church of Baptism

City

State

Exact Date of Baptism

\_\_\_\_\_

Current address

City

State

Zip

Fathers FULL name \_\_\_\_\_

Mother's FULL name (include MAIDEN) \_\_\_\_\_ ( \_\_\_\_\_ )

COPIES OF BIRTH AND BAPTISM CERTIFICATES ARE REQUIRED FOR SACRAMENTAL RECORDS PURPOSES.

OFFICE USE: \_\_\_\_\_ Birth Cert. on file \_\_\_\_\_ Baptismal Cert. on file