

Medical Information/Special Needs

Please fill out the information below. If no allergies or medication, please write N/A. If special needs, please provide a description or accommodations so that we may best support your child's learning. Student's privacy, including information about a disability, is protected information. Release of information is optional but recommended to help ensure students' learning needs are met.

Child's Name _____

Food Allergies _____ Other Allergies _____

Medical Needs/Medications _____

Special Needs _____

Medical Release

In case of an emergency, when the parents or guardians cannot be reached, I grant permission to The Catholic Church in East St. James to provide and/or obtain medical attention for my child listed above. I realize that the recommendations of the emergency medical service will determine which hospital my child will be taken to if necessary. I further authorize that medical personnel of the hospital to care for and /or treat my child.

Please check one: _____ I agree _____ I disagree

Public Information & Communications

I grant permission for The Catholic Church in East St. James to use my child's name, as listed on the PSR registration form, and my child's picture in any and all media, whether now known or hereafter devised, including but not limited to internet postings, newsletters, flyers, posters, brochures, promotional materials, advertisements, fundraising letters, annual reports, press kits, submissions to journalists, the church bulletin, mobile applications, social media, social networking sites, and other print and digital communications.

Please check one: _____ I agree _____ I disagree

Movie Permissions

I grant permission for my child to watch PG (Parental Guidance) rated movies at Sacred Heart during the Summer/Fall PSR session. (Examples: clips of movies about a certain Saint may be shown)

Please check one: _____ I agree _____ I disagree

By signing below, I agree that I have read and understand the information presented above.

Parent Signature _____ Date _____