

St. Elizabeth Church

Religious Education & Faith Formation

2018-2019 St. Elizabeth Parish Religious Education Program (PREP)

Student Emergency Information & Release Form – One Required for EACH Student

Please Print Legibly & Provide ALL information below

Student FULL Name: _____
First Middle Last

Date of Birth: _____ Place of Birth: _____
Month/Day/Year City, State

Date of Baptism: _____ Place of Baptism: _____
Month/Day/Year Church, City, State
Note: A copy of the student's baptismal certificate MUST be on file in the Religious Education Office
_____ Check here if baptized at St. Elizabeth Church

Date of First Communion: _____ Place of First Communion: _____
Month/Day/Year Church, City, State
_____ check here if First Communion at St Elizabeth

Name of School: _____ 2018-2019 Grade Level: _____

Medical Needs

check all that apply

_____ Gluten _____ Peanut _____ Dairy _____ Treenut _____ Egg _____ Seasonal
_____ Bee Sting _____ Asthma

Other Medical Concerns (i.e. diabetes, hemophilia, epilepsy): _____

Medications Taken Regularly: _____

Educational Needs

check all that apply

_____ ADD _____ ADHD _____ Autism _____ Behavioral _____ Emotional _____ Speech/Language
_____ Hearing _____ Vision _____ Orthopedic _____ Learning _____ Reading _____ other (list below)

Additional/Other Educational Needs that may apply to this student: _____

Parent Agreement and Medical Authorization

I have had an opportunity to read the Parent Handbook and I understand the content and purpose. I further understand that it is necessary that any complaint must be filed with: a) the Director of Religious Education of St Elizabeth Church; b) pastor; or c) Diocesan Director of Education.

In case of emergency, I understand St Elizabeth Church will make every effort to contact me. However, if they are unable to reach me, I give my permission to take my child for emergency treatment. I release St Elizabeth Church staff and volunteers from any and all liability which may arise from such an emergency. The medical information above is confidential and will only be shared with emergency personnel as needed in the event of an emergency.

Parent Signature: _____

Date Signed: _____

Photo Release & Waiver

Your student may be photographed during any event throughout the year. We need your permission to use these photographs. Please sign below to give us this permission to utilize photographs taken during religious education and parish activities for religious education publications and parish publications including official website and social media pages authorized and managed by authorized parish personnel at the delegation of the pastor.

Parent Signature: _____

Date Signed: _____

Transportation Authorization

Please list here all adults that have permission to transport your child to and from religious education activities in addition to parents:

Name	Relationship	Cell Number	Home Number
_____	_____	_____	_____
_____	_____	_____	_____

Parent Signature: _____

Date Signed: _____