

# St. Elizabeth Church

## Religious Education & Faith Formation

2019-2020 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: \_\_\_\_\_ 2019-2020 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: \_\_\_\_\_

6077 Sharon Woods Boulevard - Columbus, OH 43229-2646  
614.891.0150 x104 - Fax: 614.891.3243 - formation@stelcc.org - [www.stelizabethchurch.org](http://www.stelizabethchurch.org)