

Faith Formation
Sacred Heart * Saint Ann * Saint Mary Churches
Religious Education Program
2010 Health and Release Information

Emergency Contact _____ Phone _____

Relationship _____

Family Physician _____

Please list any allergies your child has: _____

Please list any special needs your child has: _____

Is there anything else we should know about your child? _____

In signing this form, I hereby certify that the above information is correct and give permission for my child to be transported in privately owned vehicles for medical and other emergency purposes only, and for the release of medical records to an attending physician in case of illness. In case of medical emergency, I understand that every effort will be made to contact the parents or guardians. In the event that I cannot be reached, I hereby give permission to the physician selected or the physician on call to secure proper treatment for my child named herein.

Signature of Parent/Guardian

_____ Date _____

Printed Name _____

Dismissal Information

Please list below those people whom your child **may be** released to. Please note: (we cannot release your child to anyone whom you have not authorized. If you wish to add anyone to this list you must do it in person with proper identification. Phone calls and notes will not be accepted.) Children will be released from **their classrooms**.

Do you have an objection to having your child's(ren) picture taken and/or displayed in church for special events?
yes _____ no _____

Parent Signature _____ Date _____