

**Summer Challenge 2023**  
**Medical Information and Emergency Release Form**  
**\*\*\*Please fill out a SEPARATE FORM for each child\*\*\***

In case of medical emergency, I, the parent/guardian of \_\_\_\_\_ give permission to St. Catherine of Siena Church to obtain all necessary medical care prescribed by the nearest emergency room. This care may be given under whatever conditions are necessary to preserve life, limb, or well-being of my dependent. **In the event of an emergency and you are unable to reach me, contact:**

Name & Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician Name \_\_\_\_\_ Phone: \_\_\_\_\_

Grade child will be entering in the 2023 - 24 school year: \_\_\_\_\_ Child's DOB: \_\_\_\_\_

List Special Considerations (allergies, medical or behavioral conditions, etc...) If NONE, check this box

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**Parental/Guardian Consent:** I fully understand that my child must abide by all rules governing conduct and safety while attending St. Catherine of Siena Summer Challenge activities.

If there are any special custody arrangements, please indicate this below: **THIS INFORMATION WILL BE KEPT CONFIDENTIAL:** \_\_\_\_\_

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**Payment Info**

**Cash: Yes/No** \_\_\_\_\_ **Amount:** \_\_\_\_\_

**Check Number** \_\_\_\_\_ **Check amount:** \_\_\_\_\_

**Credit Card Online: Yes/no** \_\_\_\_\_

**To COMPLETE your registration and reserve a space for your child/children, turn in payment and completed permission form to the Family Faith Formation (Religious Education) Office upstairs in the Parish Center.**