

Student Information/Emergency Form-2023

This form must be submitted with registration

Student #1 Information

Name: _____

Special Medical Conditions/Allergies: _____

Student #2 Information

Name: _____

Special Medical Conditions/Allergies: _____

Student #3 Information

Name: _____

Special Medical Conditions/Allergies: _____

Doctor for Emergency: _____ Ph# _____

In case of accident or illness, I request that the representative of the parish catechetical program contact me. If I am unable to be reached, I hereby authorize this representative to call the physician indicated and to follow the physician's instructions. If it is possible to contact this physician, the representative of the parish catechetical program may make whatever arrangements deem necessary. I agree to assume the financial responsibility for any diagnosis, treatment and/or medication deemed necessary.

To the best of my knowledge all information given is accurate and complete. I hereby consent to, and authorize the necessary procedures that have been stated above.

Parent/guardian Signature: _____ date: _____