

MEDICAL TREATMENT AUTHORIZATION FORM
Northern Lapeer County Family of Parishes Religious Education Form 2023-2024

To Whom It May Concern:

As parent/guardian, I do hereby authorize the treatment of a qualified and licensed physician of any condition which, in the opinion of the physician, is deemed necessary and appropriate. This is granted only after a reasonable effort has been made to reach me.

Student's Name	Address	Relationship

PARENT / LEGAL GUARDIAN

Guardian	Relationship	Address	Phone
Guardian	Relationship	Address	Phone

Where parent/guardian can be reached:

Father Home: _____ Cell: _____
Mother Home: _____ Cell: _____
Family Physician: _____ Phone: _____
Physician's Address: _____ City: _____

List allergies, medication, or other pertinent comments (list child's name next to each condition):

Health Insurance Data:

Company: _____ Policy: _____
Group: _____ Contract: _____

List an emergency contact who will assume care of your child(ren) if you cannot be reached.

Name: _____ Relationship: _____
Address: _____ Phone: _____

I further authorize the person who presents the minor to sign the *Acknowledgment of Receipt of Notice Privacy Rights* that may be presented by the physician or health care facility.

This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician.

Signature: _____ Date: _____ Name Printed: _____

Northern Lapeer County Family of Parishes Catechism Registration Form 2023-2024

Family Last Name: _____

Father: _____ Religion: _____ Mother: _____ Religion: _____

Address: _____ Phone: _____ Cell: _____

Please indicate which parish your child will receive religious education classes at this year:

SS Peter & Paul North Branch: _____ Sacred Heart Brown City: _____

Emergency Contact Information:

Name: _____ Phone: _____ Relationship: _____

Student's Name	Grade	Date of Birth	Baptism Place

Please submit a copy of your child(ren)'s baptism certificate if they have not been baptized within the cluster.

Children's Schools: _____ Active Registered Parishioner: Yes: _____ No: _____

Did children attend Religious Ed last year: Yes _____ No _____ If yes, where did they attend: _____

Does your child(ren) have any learning disabilities or special needs: Yes _____ No _____

If yes, please explain: _____

Does your child(ren) have any food or environment allergies (peanut, bees, etc.): Yes _____ No _____

If yes, please explain: _____

Who is allowed to pick up your child(ren): _____

Northern Lapeer County Family of Parishes Education program engages in various correspondence and publicity with families, parishioners and other members of the community regarding various aspects of this program using photos and/or videos via mediums such as newsletter articles, parish bulletin, community newspaper articles, website, etc. I give permission for my child(ren)'s name to accompany my child's photo / video to be published for community relations / PR purposes, etc. Parents may cancel this authorization at any time by providing written notice to the Parish Office listed below.

Signature: _____ Date: _____ Name Printed: _____

For Office Use Only:

_____ Has received a copy of the parent handbook.

Total Paid: \$ _____ Check / Cash / Waived

Receipt Number: _____ Reason for waiver: _____

Office Signature: _____ Date: _____