

St. Elizabeth Seton Religious Education
Medical Release Form – 8th, 9th and 10th Grade ONLY

This form must be completed and returned with the 2008-2009 Registration Form (Please print legibly)

Family Name: _____
Student Names: _____ Grade _____
_____ Grade _____
_____ Grade _____
_____ Grade _____

Please list additional students on the other side.

Address: _____ City: _____ State: _____

Home Phone: _____ Emergency Number: _____

Cell Phone(s): _____ Work Number: _____

I grant permission for the administration of first aid to the above named child BY THE PEOPLE IN CHARGE OF ST. ELIZABETH SETON RELIGIOUS EDUCATION for Harvest Sunday, November 2 and November 9, 2008. I give permission for those transporting my child to and from the event to make the necessary referrals to qualified physicians for the treatment of illness or accidents of a more serious nature. I understand that I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In case of a medical emergency, I understand that every effort will be made to contact the parents/guardian of the participant. In the event I cannot be reached I hereby give permission to the physician selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery, if deemed necessary for my child.

Signature of Parent/Guardian

Date

Address

Home Phone Number

City State Zip Code

Cell Phone Number

Authorized Physician

Phone Number

IMPORTANT MEDICAL INFORMATION (Allergies, Medications, etc.)

(List additional information on the other side.)

Insurance Information:

Policy in the Name of: _____ Insurance Company: _____

Policy Number _____ Identification Number and/or Social Security Number _____

I will advise the Religious Education Office immediately of any changes to the above information.

Signature _____ Date _____

