

Health History and Medical Release Form for Parish Programs and Activities

Note to parent/guardian: Please read the following sections over carefully. We apologize for the complexity but we must be sure we have your full consent in these areas.

PERMISSION FOR ROUTINE MEDICAL TREATMENT:

All attempts **will** be made to notify you if your child requires medical treatment (i.e., cases of high, persistent fever; severe vomiting, etc.). Please indicate whether or not you wish attempts to be made to contact you if your child becomes ill with minor symptoms (I.e., headache, sore throat, low-grade fever, etc.). **YES** _____ **NO** _____

We do not wish to give any medical treatment to your son/daughter against your wishes or family practice. Please read each of the following statements carefully and **sign either A or B** which is in accord with your wishes:

A) I grant permission for non-prescription medication (I.e., Tylenol, cough syrup, etc.) except for the following _____ to my student if deemed advisable by the designated supervisor, and I grant permission for routine non-surgical medical care to be given to my student, if deemed advisable by the designated supervisor(s).

*SIGNATURE _____ DATE _____

OR

B) I do not want ANY type of medication administered to my child unless the situation is life-threatening and emergency treatment is required.

*SIGNATURE _____ DATE _____

PERMISSION FOR EMERGENCY MEDICAL TREATMENT

In case of emergency, I hereby give permission to Old St. Patrick Catholic Church to transport my child to the nearest hospital/emergency center for emergency medical or surgical treatment. I will be contacted as soon as possible and will be advised prior to any further treatment by the hospital or doctor and I recognize that I am financially responsible.

*SIGNATURE _____ DATE _____

FAMILY INSURANCE PROVIDER/HEALTH PLAN _____

HEALTH PLAN NUMBER (Include expiration date): _____

In an **EMERGENCY**, and unable to reach parent/guardian, contact:

1. Name _____ Telephone () _____
2. Name _____ Telephone () _____

Old St. Patrick Catholic Church Parental/Guardian Commitment

Recognizing that my involvement is of special importance in helping my child understand and live out their faith...

- ❖ I promise to participate in the sacramental life of the parish as a witness of my faith to my child.
- ❖ I promise to see that my child celebrates Mass on Sundays and holy days and to be with my child at Mass.
- ❖ I promise to pray with and for my child and to help my child learn the basic prayers of our faith.
- ❖ I promise to see that my child attends all religious education classes and activities and completes any assignments.
- ❖ I promise, with God's help, to continue sharing the gift of myself and the gift of faith with my child, with our family, and with the parish community.

Parent's Signature: _____

Name(s) of Child(ren):

Date: _____

FOR OFFICE USE

Total Tuition Paid: _____	Number of Children attending: _____
Check No. _____	Teacher: Full Exempt _____
Cash _____	Weekly Classroom Aid: ½ Exempt _____
Date Received _____	

For Office Use Only:

Confirmation Requirements:

Baptismal Certificate on file: _____

Sponsor Name: _____

Sponsor email: _____

Sponsor Address: _____

Letter of good standing: _____

Sponsor Confirmation cert.: _____

Confirmation Name: _____

Confirmation Interview: _____

For Office Use Only:

First Communion Requirements:

Baptismal Certificate on file: _____

Reconciliation Interview: _____

Communion Interview: _____