

MEDICAL INFORMATION:

Any Medical, Learning, Behavior Issues or Dietary needs we should be aware of?

Name Student and Concern:

EMERGENCY CONTACT (name and phone number): _____

In the event of a Medical/Dental emergency and I cannot be reached, I authorize emergency treatment to be administered to any child/children listed on this form.

Signature of parent/guardian: _____ Date: _____

Please indicate below the areas in which you would like to share your gifts of faith, time and talent, to help foster the Spiritual growth and development of God's children.

- _____ Teaching Faith Formation
- _____ Teacher Assistant
- _____ Substitute Teacher
- _____ Tutoring a child with special needs
- _____ Miscellaneous

Faith Formation
Churches of St. Patrick and St. Casimir
1095 DeSoto Street
St. Paul, MN 55130
651-774-8675