ST. BRIGID PARISH
EVANGELIZATION · COMMUNITY · SACRAMENTS · CHARITY

Religious Education Student Medical Information 2026-2027
Authorization for Medical Treatment

The Archdiocese of Chicago requires this form to be completed, signed and submitted to the Religious Education Office before a child is admitted to class.

In the event that the undersigned, or my (our) authorized physician, cannot be reached and in the judgment of Fr. Oleksy or his authorized representative of St. Brigid Parish, there is a necessity for immediate examination and/or treatment of my (our) child, I (we) hereby authorize any of the aforesaid personnel to obtain for my (our) child such medical services as are deemed necessary including calling local paramedics. If paramedics are called we will follow their assessment and direction. This release and authorization are valid for September 13, 2026 through May 2, 2027.

_____ _____

Parent/Guardian's Name Sunday AM Phone

_____ _____

Parent/Guardian's Name Sunday AM Phone

_____

Physician's Name Phone Number Physician's Address

_____

Medical Insurance Company Policy and ID number

Name of Child (Last name if different)	RE Grade	Allergies, Medications, Significant Medical Conditions	Date of Last Tetanus Shot
1.			
2.			
3.			
4.			
5.			

_____ _____

Parent or Guardian's Signature Date

This form requires an actual handwritten ("wet") signature (not digital).
Please print the form, sign and date here, and return to the religious education coordinator.

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Emergency Contact Information:

Please provide the names of two adults (other than parents) that are authorized to be notified in the case of emergency and/or can pick up your child(ren) from Religious Education classes.

1. _____ _____
   Name Sunday AM Phone

   _____
   Relationship to child(ren)

2. _____ _____
   Name Sunday AM Phone

   _____
   Relationship to child(ren)

This form requires an actual handwritten ("wet") signature (not digital).
Please print the form, sign and date here, and return to the religious education coordinator.

I authorize the above adults to pick up our child(ren) from Religious Education at St. Brigid.

_____ _____
Parent or Guardian's Signature Date

(Proper identification will be required)

Who has primary custody/who does child reside with?

Is there anything else you would like us to know about your child?

***If there are any individuals that are NOT authorized to pick up your child, please let the Coordinator of Religious Education know.*