PSR Registration Form

Parent/guardian: _____ **Phone number:** _____

Parent/guardian: _____ **Phone number:** _____

Address: _____ **Email:** _____

City/State: _____ **Health insurance provider:** _____

Primary Care Doctor: _____ **Insurance policy/group #:** _____

Children first names: (check sacraments completed)

1._____ **DOB:** _____ **Grade:** ___ **Baptism:** ___ **1st Communion:** ___ **Confirmation:** ___

Allergies: _____ **Medical conditions:** _____

2._____ **DOB:** _____ **Grade:** ___ **Baptism:** ___ **1st Communion:** ___ **Confirmation:** ___

Allergies: _____ **Medical conditions:** _____

3._____ **DOB:** _____ **Grade:** ___ **Baptism:** ___ **1st Communion:** ___ **Confirmation:** ___

Allergies: _____ **Medical conditions:** _____

4._____ **DOB:** _____ **Grade:** ___ **Baptism:** ___ **1st Communion:** ___ **Confirmation:** ___

Allergies: _____ **Medical conditions:** _____

5._____ **DOB:** _____ **Grade:** ___ **Baptism:** ___ **1st Communion:** ___ **Confirmation:** ___

Allergies: _____ **Medical conditions:** _____

6._____ **DOB:** _____ **Grade:** ___ **Baptism:** ___ **1st Communion:** ___ **Confirmation:** ___

Allergies: _____ **Medical conditions:** _____

Consent to photograph:

I do authorize that the minors listed above may be photographed while in our care and pictures shared on the church or diocese social media platforms and publications.

Signature of parent/guardian: _____ Date: _____

Medical consent:

I do authorize the minors listed above to the discretion of adult volunteers of St. Lawrence Catholic Church as agents for the undersigned, consent to any medical or surgical care deemed advisable by an accredited medical professional in the case of an emergency medical situation that may take place while said children are in our care. I further release St. Lawrence Catholic Church in Greenville, IL and any of its ministers or catechists from liability in the event of an accident while participating in PSR programs or events. This agreement does not apply to claims for intentional misconduct or gross neglect.

Signature of parent/guardian: _____ Date: _____