

HEATH HISTORY AND MEDICAL RELEASE FORM

ST. MARY CHURCH RELIGIOUS ED. PROGRAM/ACTIVITIES

Please fill out this form to help us keep our records up to date for the safety of all our children! Thank you.

Student's Name _____ Sex _____ Birthdate _____

Parent/Guardian _____ Relation to student _____

Home Phone # (_____) _____ Cell Phone # (_____) _____

HEALTH HISTORY

Family Doctor _____ Phone # (_____) _____

IMMUNIZATION – Up to Date (Circle) YES NO

*****ALLERGIC REACTION** Please list all known allergies (plant, insect, food, etc.) and type of reaction.

If your child has a food allergy please provide an alternate snack or let us know what is safe for them from our snack assortment. This alleviates anxiety on the part of the child and the teacher. Thank you!

Please indicate any other medical problems/situations pertinent to this child:

Any physical/emotional/psychological limitations or reactions _____ If yes, please explain:

What medication is this child presently taking? _____

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

1. Name _____ Phone # (_____) _____

2. Name _____ Phone # (_____) _____

PARENTAL/GUARDIAN PERMISSION FORM TO PARTITIPATE IN PARISH PROGRAM

I hereby consent to participation by my son/daughter _____ in the St. Mary Religious Education Program, Chelsea, Michigan for the 2026/2027 academic year. I understand that this program will take place on the parish grounds and that my son/daughter will be under the supervision of the authorized parish personnel.

Parent/Guardian Signature _____

Date _____

PLEASE COMPLETE BOTH SIDES!!! OVER →

PERMISSION FOR EMERGENCY MEDICAL TREATMENT

In case of emergency, I hereby give permission 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.

Parent/Guardian Signature

Date

Family Insurance Provider/Health Plan Number _____

We do not wish to give any medical treatment to your child against your wishes or family practice. Read each of the following, and sign/date one option: **SIGN AND DATE ONLY ONE (A or B)**

- A. I give permission for non-prescription medication (i.e. Tylenol, cough syrup, etc.) and routine non-surgical medical care to be given to my child if deemed advisable by authorized parish personnel except for the following _____.

Parent/Guardian Signature

Date

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

Parent/Guardian Signature

Date

PERMISSION TO USE CHILD'S PHOTOGRAPH

We occasionally take pictures of the children during Religious Education classes. These photographs would only be used here at St. Mary Church, either in the weekly bulletin (which is posted on our website) or on a bulletin board in the classroom. Please initial yes or no below.

YES _____

NO _____