

**EMERGENCY INFORMATION  
RELIGIOUS EDUCATION 2022-23**

(Please Print)

Name of Child \_\_\_\_\_

_____	Birthdate _____	Grade _____	School _____
_____	Birthdate _____	Grade _____	School _____
_____	Birthdate _____	Grade _____	School _____
_____	Birthdate _____	Grade _____	School _____

Address \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Cell Phone \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_

If I cannot be reached, you have permission to contact either of the following persons who will care for my child(ren) in an emergency:

1) \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

2) \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name of Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Medical Insurance Provider \_\_\_\_\_ Policy # \_\_\_\_\_

Any known allergies and/or medical issues and/or learning disabilities:

\_\_\_\_\_

**PHOTO RELEASE:** St. John the Baptist has my permission to publish my child/ren's photograph (without name):  
In the bulletin \_\_\_\_\_ on the parish website/Facebook pages \_\_\_\_\_ other parish publications \_\_\_\_\_

Parent or Legal Guardian Signature: \_\_\_\_\_

**AUTHORIZATION FOR CONSENT FOR TREATMENT OF A MINOR**

In case of a serious emergency, and none of the persons listed can be contacted, I authorize school officials to call my family physician or, if the situation demands, to transfer my child to the nearest hospital for emergency care. I consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment deemed advisable by, and rendered under, the general or surgical supervision of any physician and surgeon licensed under the provision of the Medicine Practice Act, whether such diagnosis or treatment is rendered at the physician's office or at a certified hospital.

I understand that the school does not assume responsibility for payment of a physician. If our family physician cannot be reached, the school may choose a physician.

Yes \_\_\_\_\_ No \_\_\_\_\_

I hereby **agree** to bear all costs incurred as a result of the foregoing.

\_\_\_\_\_  
Signature of Parent/Guardian Date

I **do not** choose to sign the above statement. Please indicate on the line below your emergency instructions. \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian Date