

St. Michael Faith Formation
EMERGENCY AND ILLNESS INFORMATION

Family Last Name _____

HEALTH INFORMATION:

<p>Child's Name: _____</p> <p>Grade _____ Date of Birth _____</p> <p> <input type="checkbox"/> Asthma <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Diabetes <input type="checkbox"/> Visually Impaired <input type="checkbox"/> ADD / ADHD <input type="checkbox"/> Developmental Disability <input type="checkbox"/> Allergy (Please list): _____ <input type="checkbox"/> Requires special assistance in the classroom. Other concerns or special needs _____ _____ _____ </p>	<p>Child's Name: _____</p> <p>Grade _____ Date of Birth _____</p> <p> <input type="checkbox"/> Asthma <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Diabetes <input type="checkbox"/> Visually Impaired <input type="checkbox"/> ADD / ADHD <input type="checkbox"/> Developmental Disability <input type="checkbox"/> Allergy (Please list): _____ <input type="checkbox"/> Requires special assistance in the classroom. Other concerns or special needs _____ _____ _____ </p>
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NAME OF LOCAL PERSON TO CONTACT IF A PARENT IS NOT AVAILABLE.

Name _____ Phone _____

Name _____ Phone _____

RELEASES

If emergency treatment is required, and the parents or legal guardian cannot be reached immediately, your signature in the space provided below enables the Faith Formation staff to exercise their own judgement to transport the child to a hospital emergency room, and allow a licensed medical professional to treat your child as necessary. Likewise, your signature below is not sufficient for the release of confidential information protected by Federal Law.

Parent/Guardian Signature _____ Date _____

My family has received, read, and agrees to abide by the policies stated in the 2011/2012 St. Michael Parish Faith Formation Family Handbook/Junior High Religious Education Family Handbook which includes the diocesan information, "Pastoral Policy Regarding Sexual Abuse of Minors" and "Parent Guide to Understanding & Preventing Child Sexual Abuse".

Parent/Guardian Signature _____ Date _____

SPECIAL NOTE: Please notify the office immediately as to changes or modifications to any/all information stated.