



The Parish of Saint Catherine of Siena  
Religious Education

**Medical Release Form**

*We ask that everyone fill this out completely so we may use this information for all events your child attends during the 2018-2019 academic year.*

*You only need to fill it out once each school year unless your information changes. If any of the following information changes, please fill out a new form. Please return this form to the Parish Office to the attention of the Director of Religious Education. Thank you.*

**Student's information:**  
**(Please Print Clearly)**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Grade: \_\_\_\_\_

**Parent/ Guardian Information**

Mother/Guardian Name(s): \_\_\_\_\_ Cellphone: \_\_\_\_\_ - \_\_\_\_\_

Mother/Guardian Email: \_\_\_\_\_ Home/work phone: \_\_\_\_\_ - \_\_\_\_\_

Father/Guardian Name(s): \_\_\_\_\_ Cellphone: \_\_\_\_\_ - \_\_\_\_\_

Father/Guardian Email: \_\_\_\_\_ Home/work phone: \_\_\_\_\_ - \_\_\_\_\_

**Emergency contact:**

Emergency contact (name): \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_

**Please provide the following information:**

**Medical Insurance:**

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Primary Physician: \_\_\_\_\_

Physician's phone: \_\_\_\_\_ - \_\_\_\_\_

**Please list the following, if applicable:**

Allergies:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specific concerns:

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Medication your child is taking:

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**PARENTAL CONSENT AND RELEASE (signature required)**

I. The undersigned does hereby request and consent that our (my) child \_\_\_\_\_ attend and participate in activities sponsored by the St Catherine of Siena Religious Education Program.

II. We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray, examination, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any licensed physician or dentist. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered.

**III. We (I) hereby release and save harmless the Diocese of Bridgeport, Saint Catherine of Siena Church, their agents, successors, legal representatives and any and all of its employees and volunteers from any and all liability for any and all harm arising to my/our child as a result of their participation in any of the events of the Religious Education Program.**

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Parent/ Guardian signature Date