

HOLY SPIRIT PARISH RELIGIOUS EDUCATION REGISTRATION – Page 2
MEDICAL AND EMERGENCY CONTACT INFORMATION

Please complete *both* sides and return to the parish office.

I. Student Information:

First Name _____ MI ____ Last Name _____
Grade in PSR _____ Date of Birth _____

First Name _____ MI ____ Last Name _____
Grade in PSR _____ Date of Birth _____

First Name _____ MI ____ Last Name _____
Grade in PSR _____ Date of Birth _____

First Name _____ MI ____ Last Name _____
Grade in PSR _____ Date of Birth _____

First Name _____ MI ____ Last Name _____
Grade in PSR _____ Date of Birth _____

Home Address _____ City _____ Zip _____

Home Phone _____

Additional Emergency Phone Numbers *During PSR Class Times* (please identify as work, cell, pager, etc and whose phone it is)

Mother's Name _____ Father's Name _____

II. Alternative Emergency Contact Person (If parents are unavailable)

Name _____ Relationship _____ Phone _____

III. Family Physician _____ Phone _____

Preferred Hospital _____ Phone _____

Please Sign Only That Which Applies:

In the event of a medical emergency for which every attempt to reach either Parents, the Emergency Contact Person and/or the Alternative Emergency Contact Person listed above has failed, I hereby grant permission to have my son/daughter transported and obtain emergency medical or surgical treatment from a licensed physician, hospital, or medical clinic.

Signature: _____ **Date:** _____

I hereby warrant that to the best of my knowledge, my daughter/son is in good health. I do not want any medical treatment to be given to my daughter/son under any circumstances. I hereby assume all responsibility for the health and well being of my child and release from responsibility the Bishop of the Diocese of Youngstown, and Holy Spirit Catholic Church, and the agents, associates, and employees of the Bishop and parish who have organized or participated in the supervision of such program, including the Director and Coordinator of Religious Education as well as all PSR volunteers.

Signature: _____ **Date:** _____

Please Complete the Other Side & Return to Parish Office

NOTE: No information from sections IV and V will be transferred from any previous year's information. Please indicate what you want us to be aware of. It is your responsibility to update this information as needed throughout the year.

IV. Medical Information

Please name and list any pertinent medical or developmental information about any of your children that might be of assistance to the Director and/or Coordinator of Religious Education, catechists and/or emergency and/or medical personnel, either in the classroom or in the event of an emergency. *This information will be kept confidential with the Holy Spirit Staff and only shared with the other above mentioned individuals if needed.* (Please list information including but not limited to: allergies, dietary restrictions, medical conditions, daily medications or inhalers, physical, emotional, or developmental conditions, impairments, limitations and/or disabilities)

Name of Student _____ Grade in PSR _____

Medical Condition: _____

If your child requires an inhaler, epi pen, etc. during said program, does the child know how to administer? Please advise:

No child should bring medications to PSR unless prior authorization with the Director/Coordinator of Religious Ed.

I would like to be contacted to discuss this matter further.

V. Custody/Legal Issues

Are there any custody or legal issues concerning your child(ren) that we should be aware of? Please advise: _____

VI. Parental Agreements

In registering my child(ren) for religious education at Holy Spirit, I grant permission for them to participate in said program. I am aware of the particulars of the program including times, cost, attendance, etc. and have clarified any concerns I may have with the Director/Coordinator of Religious Education. I agree that we shall abide by all policies and procedures of the program. I also agree that if my child(ren) fails to abide by the regulation set forth, he/she may be dismissed from the program

The above information is accurate to the best of my ability. I understand this information will be shared only with my child(ren)'s catechist, and/or emergency Medical personnel if necessary.

Signature: _____ **Date** _____

I understand that information on the program (including participant's names) will periodically be included in parish publications, such as the bulletin, which is available through our website. I also understand that any photographs or video taken during the program may be used in parish/diocesan publications or at related events.

Signature of parent _____ **Date** _____

Additional Notes: