

SAINT JAMES FAITH FORMATION

Medical Information/Parental Authorization for emergency care

Child _____ Grade _____ Birthdate _____

Child _____ Grade _____ Birthdate _____

Child _____ Grade _____ Birthdate _____

Child _____ Grade _____ Birthdate _____

Parents/Guardians _____

Address _____

Phone _____ Work phone _____

Persons other than parents/guardians authorized to be notified and/or pick up child(ren) in case of emergency.

Name _____ Phone _____

Name _____ Phone _____

Medical Information

Family Physician _____ Phone _____

Medical Plan _____ Plan# _____ Group# _____

Family Dentist _____ Phone _____

Do any children have any allergies, medical problems or disabilities?

Explain: _____

I/We, parents/guardians of the above named child(ren) hereby give our permission for their participation in any and all Faith Formation activities. I/We authorize the Saint James Parish as represented by the Adults participating in the Faith Formation Program to arrange for emergency medical care when necessary, providing that an effort to reach me/us and the persons listed above has been unsuccessful. I/We agree to accept responsibility for the cost of medical services or related costs. This signature will remain valid and on file.

Parent/Guardian Signature

Date

