St. Thomas the Apostle Religious Education
Medical Release Form

This form must be completed and returned with the 2020-2021 Registration Form

Family Name: _____

Student Names: _____ _____
_____ _____
_____ _____

Address: _____ City: _____ State: _____

Home Phone: _____ Emergency Number: _____

Cell Phone(s): _____ Work Number: _____

I grant permission for the administration of first aid to the above named child BY THE PEOPLE IN CHARGE of ST. THOMAS THE APOSTLE RELIGIOUS EDUCATION and those transporting my child to and from the program as their judgment deems advisable, and to make the necessary referrals to qualified physicians for the treatment of illness or accidents of a more serious nature. I understand that I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In case of a medical emergency, I understand that every effort will be made to contact the parents/guardian of the participant. In the event I cannot be reached I hereby give permission to the physician selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery, if deemed as necessary for my child.

_____ _____
Signature of Parent/Guardian Date

_____ (____) _____
Name of Family Physician Phone Number

IMPORTANT INFORMATION

1. Medical Needs: Allergies, Medications, Etc.

2. Special Educational Needs: Our parish is committed to making reasonable accommodations for children with special physical, learning, or behavioral needs. Please indicate below if your child has a special need in one of these areas. Knowing this will enable the best placement of your child in a group.

Insurance Information

Policy in the Name of: _____ Insurance Company _____
Group Number or Policy Number or Identification Number _____

*Please advise the Religious Education Office immediately of any changes to the above information.