

## Medical Information/Release Form

Child's Name \_\_\_\_\_

Physician's Name and telephone \_\_\_\_\_

Please list any special medical information for your child

\_\_\_\_\_

List any allergies: \_\_\_\_\_

**In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, surgical, dental diagnosis, or treatment and hospital care are deemed necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.**

**I fully understand that students are able to abide by all rules and regulations governing conduct and safety while attending religious education classes and related activities. Any violation of these rules and regulations may result in that individual being sent home.**

\_\_\_\_\_  
Name of parent or guardian (please print)

\_\_\_\_\_  
Address Emergency #

\_\_\_\_\_  
Insurance Carrier Policy # Date effective until

\_\_\_\_\_  
Signature of parent or guardian