

St. Thomas of Canterbury Family Faith Formation
2020-2021 EMERGENCY INFORMATION & Medical RELEASE FORM

FAMILY Last Name: _____

Father's Name: _____ Mother's Name: _____

Address: _____
House number Street Name Apt.# City Zip

Father: _____
Phone: Home Cell Email Address

Mother: _____
Phone: Home Cell Email Address

List of names of persons to contact and is authorized to pick-up your child(ren), if you are unavailable:

1. _____
Name Home Phone Cell Phone

2. _____
Name Home Phone Cell Phone

3. _____
Name Home Phone Cell Phone

HEALTH INFORMATION

If your child(ren) has any special medical conditions such as Food Allergies, Diabetes, Epilepsy, Asthma, Headaches, or severe reactions to Bee Stings, please list the child's name, condition and treatment required (in case of emergency) below:

Child Name	Condition	Treatment Required

In case of an accident, may we contact your child's Primary Care Doctor or Dentist? YES or NO

Child(ren's) Doctor: _____ Phone: _____

Child(ren's) Dentist: _____ Phone: _____

Health/Medical Insurance Provider: _____ Policy/Group Number: _____

RELEASE & MEDICAL CONSENT

If emergency treatment is required and parents or legal guardian **cannot be reached immediately**, my signature in the space below authorizes the Director of Faith Formation, or a parish representative, to contact my child's primary care physician/dentist for instruction and if they cannot be reached, to exercise prudent judgment in providing medical services for my child(ren). As protected by Federal law, confidential information will not be released.

Parent's Signature _____ Date _____

Please notify the Director of Faith Formation immediately if there are any changes to the above information.