

**2021-2022 MEDICAL EMERGENCY AND RELEASE FORM – ST. JUDE RELIGIOUS EDUCATION**  
**PLEASE PRINT CLEARLY**

FAMILY LAST NAME: \_\_\_\_\_ Primary E-mail: \_\_\_\_\_

Home Address: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_

Child(ren)s Name(s) and Birthdate(s):  
\_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Mother's day time phone: \_\_\_\_\_ Father's day time phone: \_\_\_\_\_

Mother's Cell #: \_\_\_\_\_ Father's Cell #: \_\_\_\_\_

The following people may be called if parent(s) cannot be reached:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relation: \_\_\_\_\_

.....  
Should the need arise, I give permission for my child(ren) to receive emergency medical care while participating in St. Jude Religious Education Program.

Family Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Insurance Co.: \_\_\_\_\_ Phone #: \_\_\_\_\_

Insurance Co. Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Special medical, learning and/or physical needs (i.e.: food allergies, other allergies, medicines, asthma, diabetes, attention deficit, attention deficit hyperactivity, etc.), of which you wish us to be aware. List child's name with information:

\_\_\_\_\_  
\_\_\_\_\_

Medications taken on a regular basis, of which you wish us to be aware (list child's name with each medication) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**I UNDERSTAND ONLY PARENTS AND THOSE INDIVIDUALS SO DESIGNATED MAY PICK UP MY CHILD(REN) FROM ST. JUDE RELIGIOUS EDUCATION PROGRAM. I understand that my child(ren) need to be picked up promptly.**

Who normally will pick up your child(ren)? Mother \_\_\_\_\_ Father \_\_\_\_\_

Other designated individuals:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relation: \_\_\_\_\_

**AUTHORIZATION SIGNATURE IS REQUIRED ON THIS FORM**

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FILL FORM IN COMPLETELY FOR YOUR CHILD(REN)'S SAFETY.**