

St. Peter Church, Volo
Medical / Emergency Information Form

Family Name _____

(Student Information)

Student Name	Date of Birth	Medical allergies / other conditions:
1.		
2.		
3.		
4.		
5.		

(Where Parent/Guardian can be reached during class)

Father's Name:	Cell #:
Mother's Name	Cell #:

(Alternate Emergency Contact Numbers - Outside of Home)

Name	Relation	Cell #:
1.		
2.		

In the event that the undersigned, cannot be reached and in the judgment of the Director of Religious Education, Catechist or other appropriate staff member, there is a necessity for immediate examination and/or treatment of my (our) child, I (we) hereby request and authorize any of the aforesaid personnel to obtain for my (our) child such medical services as are deemed necessary. I agree to assume the financial responsibility for any diagnosis/treatment and for medication deemed necessary. This release is in place during the time my (our) child is present for Religious Education class:

Parent / Guardian Signature: _____ Date: _____
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St. Peter Church, Volo
Student Pickup & Release Consent Form

Family Name (Print) _____

STUDENT PICKUP & RELEASE - Grades 1 through 6

Parent or Delegate Name	Signature

I, the parent or legal guardian of the student/s listed above, hereby give permission for my son/daughter to be released at the end of class from St. Peter's Religious Education Program to the individual/s listed above. I, the undersigned, hereby agree not to hold St. Peter Church, Director of Religious Education or Catechist, responsible for any liabilities which could result in personal injury as well as property damage and expenses of any nature whatsoever which may be incurred by the child after he/she leaves the classroom.

Parent/Guardian Signature: _____ **Date:** _____

STUDENT RELEASE - Ages 12 & Older (Grades 7 through HS)

Student Name (Print)	Age	Grade
1.		
2.		
3.		

I, the parent or legal guardian of the student/s listed above, hereby give permission for my son/daughter to be released at the end of class from St. Peter's Religious Education Program. I, the undersigned, hereby agree not to hold St. Peter Church, Director of Religious Education or Catechist responsible for any liabilities which could result in personal injury as well as property damage and expenses of any nature whatsoever which may be incurred by the child after he/she leaves the classroom.

Parent / Guardian Signature: _____ **Date:** _____