

**HOLY SPIRIT PARISH FAITH FORMATION**  
**MEDICAL & EMERGENCY CONTACT INFORMATION**  
**Elementary & Jr. High PSR**

Please complete *both* sides and return to the parish office by **Aug 21, 2016**

**I. Student Information:**

First Name \_\_\_\_\_ MI \_\_\_\_ Last Name \_\_\_\_\_

Nickname \_\_\_\_\_

Grade in PSR \_\_\_\_\_ Date of Birth \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_ Last Name \_\_\_\_\_

Nickname \_\_\_\_\_

Grade in PSR \_\_\_\_\_ Date of Birth \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_ Last Name \_\_\_\_\_

Nickname \_\_\_\_\_

Grade in PSR \_\_\_\_\_ Date of Birth \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_ Last Name \_\_\_\_\_

Nickname \_\_\_\_\_

Grade in PSR \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

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

Cell phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Additional Emergency Phone Numbers *during PSR classroom times* (please identify as work, etc. and whose phone it is)

**II. Alternative Emergency Contact Person** (If parents are unavailable)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**III. Family Physician** \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ Phone \_\_\_\_\_

**Please Sign Only That Which Applies:**

*In the event of a medical emergency for which every attempt to reach either parent, the Emergency Contact Person and/or the Alternative Emergency Contact Person listed above has failed, I hereby grant permission to have my son/daughter transported and obtain emergency medical or surgical treatment from a licensed physician, hospital, or medical clinic.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*I hereby warrant that to the best of my knowledge, my daughter/son is in good health. I do not want any medical treatment to be given to my daughter/son under any circumstances. I hereby assume all responsibility for the health and well being of my child and release from responsibility the Bishop of the Diocese of Youngstown, and Holy Spirit Catholic Church, and the agents, associates, and employees of the Bishop and parish who have organized or participated in the supervision of such program, including the Director and Coordinator of Religious Education as well as all PSR volunteers.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***Please Complete the Other Side & Return to Parish Office***

**NOTE: No information from sections IV and V will be transferred from any previous years' information. Please indicate what you want us to be aware of. It is your responsibility to update this information as needed throughout the year.**

**IV. Medical Information**

Please name and list any pertinent medical or developmental information about any of your children that might be of assistance to the Director and/or Coordinator of Religious Education, catechists and/or emergency and/or medical personnel, either in the classroom or in the event of an emergency. *This information will be kept confidential with the Holy Spirit Staff and only shared with the other above mentioned individuals if needed.* (Please list information including but not limited to: allergies, dietary restrictions, medical conditions, daily medications or inhalers, physical, emotional, or developmental conditions, impairments, limitations and/or disabilities)

Name of Student \_\_\_\_\_

Grade in PSR \_\_\_\_\_

Medical Condition: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If your child requires an inhaler, epi pen, etc. during said program, does the child know how to administer? Please advise: \_\_\_\_\_  
\_\_\_\_\_

*No child should bring medications to PSR unless prior authorization with the Director/Coordinator of Religious Education.*

I would like to be contacted to discuss this matter further.

**V. Custody/Legal Issues**

Are there any custody or legal issues concerning your child(ren) that we should be aware of? Please advise: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VI. Parental Agreements**

In registering my child(ren) for faith formation at Holy Spirit, I grant permission for them to participate in said program. I am aware of the particulars of the program including times, cost, attendance, etc. and have clarified any concerns I may have with the Director/Coordinator of Religious Education. I agree that we shall abide by all policies and procedures of the program. I also agree that if my child(ren) fails to abide by the regulation set forth, he/she may be dismissed from the program.

The above information is accurate to the best of my ability. I understand this information will be shared only with my child(ren)'s catechist, and/or emergency medical personnel, if necessary.

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

I understand that information on the program (including participant's names) will periodically be included in parish and local publications, such as the bulletin, which is available through our website. I also understand that any photographs and/or video taken during the program may be used in parish, diocesan, and local publications, including webpages, or at related events.

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please return with faith formation fees by August 21, 2016 to Holy Spirit Parish, 2952 Edison St. NW, Uniontown, OH 44685.**

For Office Use:

Faith Formation Fees:\$ \_\_\_\_\_ Bible Order:\$ \_\_\_\_\_ Amount Enclosed:\$ \_\_\_\_\_ (Cash) (Check # \_\_\_\_\_)