For parish use only:	
Last Name of Family:	Parish ID#

## Medical Information

## Authorization for Medical Treatment (The Archdiocese of Chicago requires this form to be completed, signed and submitted to the RE Office before a

child is admitted to class.)

In the event that the undersigned, or my (our) authorized physician, cannot be reached and in the judgment of Jeannie Brunk or her authorized representative, or any other staff member of The Church of St. Mary, there is a necessity for immediate examination and/or treatment of my (our) child, I (we) hereby authorize any of the aforesaid personnel to obtain for my (our) child such medical services as are deemed necessary. This release and authorization is valid for June 1, 2018 through August 31, 2019.

Parent/Guardian's Name		Phone (during class times)			
Physician's Name	Phone Number	Physician's Address			
,		<b>1</b>			
Medical Insurance Compan	у	Policy and ID number			
Other contact person in ca	se of emergency:				
Name		Phone (during class times)			
Relationship					
Parent or Guardian's Signa	ture	Date			

	Name of Child (Last name if different)	RE Grade	Allergies, Medications, Significant Medical Conditions	Date of Last Tetanus Shot
	(Last name ii dillerent)	Grade	Wedical Conditions	retailus Silot
1.				
2.				
3.				
4.				

Complete and sign second page and submit with registration.

## (The Archdiocese of Chicago requires this form to be completed, signed and submitted to the RE Office before a child is admitted to class.)

Media Release Permission  "I hereby give my permission to The Church of St. Mary and Church of St. Mary Religious Education Office to use sound, video and photographic images of my child(ren) named above for news releases, brochures and other RE related publications. Additionally, I give permission for my child(ren)'s image, work and first name to be used on the Parish web site. I understand that no last names will be used on the web site."								
		0	Agree	0	Disagree			
			J		<b>3</b>			
		Safe F	nviornment	Training	Permission			
	t." This program	n for my child to pa is segmented into	articipate in the A age-appropriate	rchdiocesan e sessions ar	Safe Environment Train is presented to the character program please speak  Disagree	nild by th	e catechist in late	
			Electro	nics Poli	<u>cy</u>			
1.	Electronic device	es may only be us	ed before and af	ter class time	e only.			
2.	Possession of a	ny electronic devic	ce is a privilege t	hat will be lo	st if the device is used in	napprop	riately.	
3.	3. Students who bring electronic devices assume responsibility for those devices.							
4. During class time all devices must be in power off mode and placed in a concealed location e.g. backpack, purse, or pocket. Electronic devices are not to be placed in or on any desk, classroom container or supply bin.								
5. Parents who need to contact students during class time should phone the Religious Education office and we will assist you in communicating with your child.								
6. Students who need to contact their parent during class time are directed to come to the Religious Education Office to use the office phone for contacting parents.								
7. If a student violates this policy, the electronic device will be placed in power off mode and held in the Religious Education Office. The device will be returned only to the parent/guardian of the student.								
		0	Agree	0	Disagree			
Parent/guardian signature								
Type c	r sign name					date		