



# Holy Family Cathedral Medical Information and Release Form

To be used in case of an emergency while attending classes or events at  
Holy Family Education Center

## 2009-2010

Child's  
Name:

Family  
Name:

Grade:

Physician's Name and Telephone Number:

List any special medical information for your child such as medications, special needs, or allergies.

- In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical, dental diagnosis, or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.
- I fully understand that students are to abide by all rules and regulations governing conduct and safety while attending religious education classes and related activities. Any violation of these rules and regulations may result in that individual being sent home.

Signature of parent or guardian

Date

Date effective Until

Address

Phone

Insurance Carrier

Policy Number

- **In the event of a disaster, all students will remain at the education center until released to a parent or authorized person.**

Names of Children in the  
Parish Program:

Authorized person( s), other than parent, who may pick up the children.

Name

Telephone

Name

Telephone

THESE RECORDS MUST REMAIN WITH THE TEACHER IN EACH CLASSROOM WHILE STUDENTS ARE IN CLASS.