



**St Christina R.E. 2011-2012
Medical Release**

This form is required for all students enrolled in any of the Religious Education Programs offered at St. Christina.

I request that St.Christina Parish allow my child(ren) to participate in its 2011-2012 Religious Ed Programs.

FAMILY NAME _____

Name of child (ren) Grade Medical allergies/significant medical history _____

Name of Physician _____

Phone# _____

Address: _____ City _____

Medical Ins. Company Ins. # _____ Group # _____

Other contact in case of an emergency: _____

Name Phone # _____

Relationship: _____

In the event that the undersigned, or my (our) authorized physician cannot be reached and in the judgment of CRE or other appropriate staff member. There is a necessity for immediate examination and/pre- 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.

Parent's/Guardian's Signature _____

Date: _____