

**Catholic Diocese of Memphis/Incarnation Catholic Church
2017-2018 HEALTH & MEDICAL RELEASE**

Emergency Contact (if parent is unavailable) _____
Relationship to child _____ Phone # _____

Student's Name _____

Medications during school _____

Any health issues the catechist needs to be aware of? (Allergies, ADD/ADHD, Seizures, etc.)

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In case of medical (or surgical) emergency, I hereby give permission to the physician selected by Incarnation Catholic Church DRE or his/ her representative to hospitalize and/or secure proper medical treatment for my above named child. I understand that I am responsible for the cost of any medical treatments (including surgery) received by my child. I hereby release the directors and staff of Incarnation PRE from all responsibility for sickness or accidents, which occur during the PRE school year (or event). I understand that I will be contacted immediately in the case of an emergency.

Signature: _____ Date: _____

I am enrolling my child in the Incarnation Parish Religious Education program and I understand that as a parent, I am primarily responsible for the on-going religious formation of my child, including regular attendance at Mass, reception of the sacraments, participating in the life of the parish and ensuring my child regularly attend PRE classes.