

Spirit of Life Parish

Religious Education Form (continued)

Emergency Contact Information

If we are unable to reach you, whom should we contact?

Name: _____ Phone: _____
Relationship _____

Consent for Medical Care

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. In the event of an emergency, I hereby give permission to transport my child to a hospital for medical or surgical treatment. Advise me prior to any further treatment by the hospital or doctor.

Signed (Parent/Legal Guardian):

Date:

List any special needs (allergies, medical concerns, learning or physical disabilities) that your child has (This information will be kept with the DRE and shared with your child's teacher(s) in order to support them while in class):

*For students in CGS- grade 4, we ask that you come into the building with your child to drop them off and come in to pick them up. Please list any additional adults that you give permission to pick up your child:

I am interested in being a teacher

Name: _____ Phone: _____

***Please Complete attached Media Release Form**