



# 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 child. Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency 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:**

### Release of Information

Due to the format of the Catechesis of the Good Shepherd, it is beneficial to both the parent and teacher to be able to communicate with the parent's outside of the Atrium session.

-I grant permission for Spirit Of Life to share my email with my child's (children's) teacher.

Parent Signature: \_\_\_\_\_

-Permission denied for Spirit Of Life to share my email with my child's (children's) teacher.

Parent Signature: \_\_\_\_\_

---

I am interested in being an atrium aide

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

---

**\*Please Complete attached Media Release Form**