

Child 1

In Case of Emergency: 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. *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. Yes _____ No _____ I wish to be advised prior to any further treatment by the hospital or doctor.

Known Allergies:

Physical or Learning Challenges:

Child 2

In Case of Emergency: 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. *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. Yes _____ No _____ I wish to be advised prior to any further treatment by the hospital or doctor.

Known Allergies:

Physical or Learning Challenges:

Child 3

In Case of Emergency: 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. *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. Yes _____ No _____ I wish to be advised prior to any further treatment by the hospital or doctor.

Known Allergies:

Physical or Learning Challenges:

I hereby grant permission for the above named student(s) to participate in approved parish functions and faith experiences which are part of St. Mary's parish, School of Faith during the 2011-2012 school year.

Signature of parent

Date

Emergency Contact: Please list the name of a friend or relative we can contact if we are unable to reach you in an emergency.

Name

Contact numbers on Wednesday night

Relationship