

**Our Lady of Grace Religious Education  
Emergency Information**

**MUST BE COMPLETED BY PARENT OR GUARDIAN**

Student name(s) (list below)

Grade

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

I, the parent/guardian of the above named students give my permission for his/her participation in any and all Religious Education/Youth Ministry activities. I agree to direct my child to cooperate and conform to the directions and instructions of Religious Education/Youth Ministry personnel responsible for said activities.

I agree that in the event that my child is injured as a result of his/her participation in Religious Education/Youth Ministry activities, including transportation to and from these activities, whether or not caused by the negligence of the parish Religious Education/Youth Ministry program, any of its agents and employees, recourse for the payment of any resulting hospital, medical or related costs and expenses will first be had against any accident, hospital, or medical insurance, or any available benefit of mine.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Does your child have or is s/he subject to (check if yes, write name of child):

\_\_\_\_\_ Asthma                      \_\_\_\_\_ Fainting Spell                      \_\_\_\_\_ Allergies  
\_\_\_\_\_ Heart Trouble                      \_\_\_\_\_ Menstrual Problems                      \_\_\_\_\_ Diabetes  
\_\_\_\_\_ Visual Difficulties                      \_\_\_\_\_ Digestion Difficulties                      \_\_\_\_\_ Food allergies (Please list)  
\_\_\_\_\_ Ear, Nose and Throat Problems  
\_\_\_\_\_ Sports Restrictions (if yes, explain)

\_\_\_\_\_ Other (please specify) \_\_\_\_\_

Family Physician \_\_\_\_\_ Telephone \_\_\_\_\_

Medical Plan \_\_\_\_\_ Plan Number \_\_\_\_\_

If you do not want medical care given to your children, state reason:

\_\_\_\_\_

Emergency contact must be **SOMEONE OTHER THAN PARENT!**

1) Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_