

For parish use only:

Last Name of Family: _____ Parish ID# _____

Medical Information

Authorization for Medical Treatment

(The Archdiocese of Chicago requires this form to be completed, signed and submitted to the RE Office before a child is admitted to class.)

In the event that the undersigned, or my (our) authorized physician, cannot be reached and in the judgment of Joy Pacheco or her authorized representative, or any other staff member of The Church of St. Mary, there is a necessity for immediate examination and/or treatment of my (our) child, I (we) hereby authorize any of the aforesaid personnel to obtain for my (our) child such medical services as are deemed necessary. This release and authorization is valid for June 1, 2023 through August 31, 2024.

Parent/Guardian's Name

Phone (during class times)

Parent/Guardian's Name

Phone (during class times)

Physician's Name

Phone Number

Physician's Address

Medical Insurance Company

Policy and ID number

Other contact person (not a parent) in case of emergency:

Name

Phone (during class times)

Relationship

Name of Child (Last name if different)	RE Grade	Allergies, Medications, Significant Medical Conditions	Date of Last Tetanus Shot
1.			
2.			
3.			
4.			

Complete and sign second page and submit via email: reledregistration@churchofstmary.org, mail or drop off completed form to the Religious Education Office, located in the Upper Grade Center.

(The Archdiocese of Chicago requires this form to be completed,
signed and submitted to the RE Office before a child is admitted to class.)

Media Release Permission

"I hereby give my permission to The Church of St. Mary and Church of St. Mary Religious Education Office to use sound, video and photographic images of my child(ren) named above for news releases, brochures and other RE related publications. Additionally, I give permission for my child(ren)'s image, work and first name to be used on the Parish web site. I understand that no last names will be used on the web site."



Agree



Disagree

Safe Environment Training Permission

"I give my permission for my child to participate in the Archdiocesan Safe Environment Training Program, "Called to Protect." This program is segmented into age-appropriate sessions and is presented to the child by the catechist in late spring. Should you have any questions or concerns about the program please speak to Joy Pacheco.



Agree



Disagree

Electronics Policy

1. Electronic devices may only be used before and after class time only.
2. Possession of any electronic device is a privilege that will be lost if the device is used inappropriately.
3. Students who bring electronic devices assume responsibility for those devices.
4. During class time all devices must be in power off mode and placed in a concealed location e.g. backpack, purse, or pocket. Electronic devices are not to be placed in or on any desk, classroom container or supply bin.
5. Parents who need to contact students during class time should contact the Religious Education office and we will assist you in communicating with your child.
6. Students who need to contact their parent during class time are directed to come to the Religious Education Office to use the office phone for contacting parents.
7. If a student violates this policy, the electronic device will be placed in power off mode and held in the Religious Education Office. The device will be returned only to the parent/guardian of the student.



Agree



Disagree

Parent/guardian signature

Type or sign name		date	
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