

ST. PETRONILLE FAITH FORMATION

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www.stpetchurch.org
(under Ministries/Faith Formation tab)

MEDICAL RELEASE FORM

This form must be completed and returned with your registration form

FAMILY NAME: _____ PARISH NUMBER _____

STUDENTS: _____

ADDRESS: _____ CITY _____ ZIP _____

HOME PHONE: _____ CELL PHONE: _____

EMERGENCY NUMBER: _____

I grant permission for the administration of first aid to my above named children BY THE PEOPLE IN CHARGE OF **ST. PETRONILLE FAITH FORMATION**, and those transporting my child to and from the program as their judgment deems advisable, and to make the necessary referrals to qualified physicians for treatment of illness or accidents of a more serious nature. I understand that I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In case of a medical emergency, I understand that every effort will be made to contact the parents/guardian of the participant. In the event I cannot be reached I hereby give permission to the physician selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery, if deemed as necessary for my child.

Signature of Parent/Guardian

Date

Authorized Physician

(_____) _____
Phone Number

IMPORTANT MEDICAL INFORMATION (Allergies, medications, etc)

INSURANCE INFORMATION

Policy in the Name of: _____ Insurance Company: _____

Policy Number: _____ Identification Number: _____

*Please advise the Faith Formation Office immediately of any changes to the above information.