

St. Richard of Chichester Parish · Emergency Information & Medical Release Form

Emergency contact other than parent: _____

Phone number: _____ Relationship: _____

Physician: _____ Phone: _____ Hospital Preference: _____

Insurance Company Name: _____ ID Group#: _____

Child Name	Are immunizations up to date: (YES or No)	Tetanus: (YES / NO) Date	Allergies or Special Education Needs (Specify)	Medications(Specify)	Is the child permitted to self-administer medication of over the counter pain relievers? (YES or NO)

I hereby authorize in advance, any necessary Emergency Medical Treatment required by my child while in attendance of St. Richard's Religious Education Program. This consent remains in effect from September 2018 through June 2019. I understand that any and all medical expenses incurred are my responsibility and that there is no medical coverage provided by St. Richard's Church.

Parent/Guardian Signature: _____ **Date:** _____