



St. Elizabeth Seton Religious Education Program  
2023-2024 Medical Information Form

FAMILY NAME: \_\_\_\_\_

LAST NAME If different than the Parent / Guardian	FIRST NAME	<input checked="" type="checkbox"/> IEP 504 Plan	<input checked="" type="checkbox"/> If request an Aide	ALLERGIES FOOD / ENVIRONMENTAL / MEDICAL	MEDICAL CONDITION(S)	CURRENT MEDICATION(S)

**EMERGENCY INFORMATION**

**#1 Emergency Contact (Parent/Guardian)**

Name: \_\_\_\_\_ Phone# \_\_\_\_\_

**#2 Emergency Contact**

Name: \_\_\_\_\_ Phone# \_\_\_\_\_

Relationship to Student \_\_\_\_\_

In the event that the undersigned cannot be reached and in the judgment of the Religious Education Staff there is a necessity for immediate examination and /or treatment of my (our) child, I (we) hereby request and authorize any of the aforesaid personnel to obtain for my (our) child such medical services as are deemed necessary. I agree to assume the financial responsibility for any diagnosis/treatment and for medication deemed necessary.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

If parents are divorced or separated, we presume that both parents have access to the child(ren) unless one parent can provide evidence that he or she has the sole right of custody and care. In these cases, the St. Elizabeth Seton Religious Education Program abides by the Buckley Amendment. Divorced and/or separated parents must file a court certified copy of the custody section of the divorce decree (or separation agreement) on a yearly basis when the children are enrolled in the program.

Release Valid September 1, 2023 through June 30, 2024