

**2024– 2025 Medical Information/Release Form**

Family Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mother's cell: \_\_\_\_\_ Father's cell: \_\_\_\_\_

Child's name \_\_\_\_\_ Prep Grade \_\_\_\_\_

Child's name \_\_\_\_\_ Prep Grade \_\_\_\_\_

Child's name \_\_\_\_\_ Prep Grade \_\_\_\_\_

Child's name \_\_\_\_\_ Prep Grade \_\_\_\_\_

In case of accident or serious illness, I request that Holy Spirit Parish contact me or the emergency contact for my child. If the Parish is unable to reach me, or the Emergency Contact for my child, I hereby authorize the Parish to make whatever arrangements seem necessary.

**I AUTHORIZE EMERGENCY MEDICAL TREATMENT TO BE GIVEN TO MY CHILD.**

**Signature of Parent(s)/Guardians(s)** \_\_\_\_\_

Emergency Contact **other than parents:** \_\_\_\_\_

Relationship to children: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

The following information is provided should my child require medical attention

Insured Name: \_\_\_\_\_

Name of Medical Insurer: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group ID # \_\_\_\_\_

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

Preferred Hospital \_\_\_\_\_

Please list any pertinent medical information, medications and allergies to drugs or food. Indicate information as it pertains to each child.

Allergies: \_\_\_\_\_ Child \_\_\_\_\_

Allergies: \_\_\_\_\_ Child \_\_\_\_\_

Allergies: \_\_\_\_\_ Child \_\_\_\_\_

Allergies: \_\_\_\_\_ Child \_\_\_\_\_

Medications: \_\_\_\_\_ Child \_\_\_\_\_

Medications: \_\_\_\_\_ Child \_\_\_\_\_

Medications: \_\_\_\_\_ Child \_\_\_\_\_

(Please complete back of form)

Limiting Physical Conditions: \_\_\_\_\_ Child \_\_\_\_\_

Limiting Physical Conditions: \_\_\_\_\_ Child \_\_\_\_\_

Limiting Physical Conditions: \_\_\_\_\_ Child \_\_\_\_\_

**Does your child have any special needs or special learning considerations (IEP, etc) that would help our teachers help your child?**

Special Needs: \_\_\_\_\_ Child \_\_\_\_\_

Special Needs: \_\_\_\_\_ Child \_\_\_\_\_

**CONSENT TO BE PHOTOGRAPHED**

Parent/guardians of participants are advised that photograph or videotape of participants may be used in publications, websites or other materials produced from time to time by the Church of the Holy Spirit or the Diocese of Harrisburg (Participants would not be identified, however, without specific written consent) Parents/guardians who **DO NOT** wish their child(ren) to be photographed or filmed should notify the Church in writing. Please note that the Church has no control over the use of photographs or film taken by media that may be covering the event in which your child(ren) participate(s). Your signature below gives your consent for your child(ren) to be photographed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SAFE PICK UP POLICY**

Parents of students are expected to pick up their children inside the safety of the building or outside the east end entrance rather than have them meet you outside at your car. Please sign here to indicate you understand that the parish cannot be responsible for those not escorted by an adult family member.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

RELEASE OF LIABILITY: In consideration of Holy Spirit Parish accepting my child's registration in the PREP program, I/we release, hold harmless and discharge Holy Spirit Parish and the Diocese of Harrisburg, their officers, trustees, employees, agents and catechists of and from any and all liability, claim, damage, cost or expense, except in the case of willful/intentional harm or gross negligence and waive any claims against any such person or organization arising directly or indirectly from or attributable to any action or omission to act of any such person or organization in connection with the Church of the Diocese of Harrisburg.

Print Parent/Guardian Name: \_\_\_\_\_

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