



St. Maximilian Kolbe - Parish Religious Education Program  
**EMERGENCY AND MEDICAL INFORMATION FORM 2018-19**

**LAST NAME:** \_\_\_\_\_

**EMERGENCY CONTACT:** If parent/guardian cannot be reached, contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone (home) \_\_\_\_\_ (cell) \_\_\_\_\_

**CONSENT FOR MEDICAL CARE:**

I give permission that, in my absence, my children whose names appear on page 1 of this registration form, may receive emergency medical care for injuries and all situations that should occur while participating in the Religious Education Program's programs and activities at St. Maximilian Kolbe Parish.

Signed (Parent/Legal Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

**MEDICAL/EDUCATIONAL NEEDS:**

<b>Student 1: First Name:</b> _____	
Allergies <input type="checkbox"/> Insect Bite <input type="checkbox"/> Food <input type="checkbox"/> Other  (Comments): _____ <input type="checkbox"/> <b>Student requires gluten-free host</b>	Other Medical or Educational Needs <input type="checkbox"/> Asthma <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Autism Spectrum  Student has an IEP for: _____ <input type="checkbox"/> Other: _____
<b>Student 2: First Name:</b> _____	
Allergies <input type="checkbox"/> Insect Bite <input type="checkbox"/> Food <input type="checkbox"/> Other  (Comments): _____ <input type="checkbox"/> <b>Student requires gluten-free host</b>	Other Medical or Educational Needs <input type="checkbox"/> Asthma <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Autism Spectrum  Student has an IEP for: _____ <input type="checkbox"/> Other: _____
<b>Student 3: First Name:</b> _____	
Allergies <input type="checkbox"/> Insect Bite <input type="checkbox"/> Food <input type="checkbox"/> Other  (Comments): _____ <input type="checkbox"/> <b>Student requires gluten-free host</b>	Other Medical or Educational Needs <input type="checkbox"/> Asthma <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Autism Spectrum  Student has an IEP for: _____ <input type="checkbox"/> Other: _____
Additional Comments:   	