



**ST. PATRICK PARISH**

41 Oliver St.  
Chatham, NJ 07928  
973-635-0625 x 27



**FAITH FORMATION** (Grades K-8)

**HEALTH INFORMATION/RELEASE OF LIABILITY/CONSENT FORM**  
**FOR THE SCHOOL YEAR 2011/20012**

**For the safety of your chil(ren) please complete the information below for each child registered in Grades K-8 and mail or return to the office before classes begin. The information provided is personal and confidential and will only be used in the case of a medical emergency. Forms will be kept in a binder at the main desk (which is always monitored) when classes are in session.**

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

ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

Name of Parent(s)/Guardian(s) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mothers Cell Phone: \_\_\_\_\_ Fathers Cell Phone: \_\_\_\_\_

Emergency Number: \_\_\_\_\_ Persons Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_ ID# \_\_\_\_\_

Name of Family Physician \_\_\_\_\_ Phone # \_\_\_\_\_

**Child's First Name** (Last if different) \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Last Tetanus shot or note if up to date: \_\_\_\_\_ Allergies to Drugs or Foods:  
\_\_\_\_\_

Any special dietary needs or restrictions? \_\_\_\_\_

Special medications, blood type or pertinent medical information: \_\_\_\_\_  
\_\_\_\_\_

**Child's First Name** (Last if different) \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Last Tetanus shot or note if up to date: \_\_\_\_\_ Allergies to Drugs or Foods:  
\_\_\_\_\_

Any special dietary needs or restrictions? \_\_\_\_\_

Special medications, blood type or pertinent medical information: \_\_\_\_\_  
\_\_\_\_\_

**Child's First Name** (Last if different) \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Last Tetanus shot or note if up to date: \_\_\_\_\_ Allergies to Drugs or Foods:  
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Any special dietary needs or restrictions? \_\_\_\_\_

Special medications, blood type or pertinent medical information: \_\_\_\_\_  
\_\_\_\_\_

**Child's First Name** (Last if different) \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Last Tetanus shot or note if up to date: \_\_\_\_\_ Allergies to Drugs or Foods:  
\_\_\_\_\_

Any special dietary needs or restrictions? \_\_\_\_\_

Special medications, blood type or pertinent medical information: \_\_\_\_\_  
\_\_\_\_\_

**Child's First Name** (Last if different) \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Last Tetanus shot or note if up to date: \_\_\_\_\_ Allergies to Drugs or Foods:  
\_\_\_\_\_

Any special dietary needs or restrictions? \_\_\_\_\_

Special medications, blood type or pertinent medical information: \_\_\_\_\_  
\_\_\_\_\_

Please Note that we cannot administer any medication to the children.

I/we request that my/our son/daughter attend the 2011/12 Faith Formation Program under the auspices of St. Patrick Parish to be held at the church. I/we have read the foregoing Health Information/Release of Liability/Consent to Treat Form and the information is correct.

I/we can be reached at the telephone numbers referred to above, but if emergency medical care or treatment shall be necessary and if I/we cannot be contacted, I/we authorize the delegated agents of St. Patrick to act on my/our behalf and approve appropriate treatment.

Release of Liability: In consideration of accepting my/our son's/daughter's registration for this event, I/we release, hold harmless and discharge St. Patrick Parish, its officers, Trustees, employees, agents and affiliates and catechists, of and from any and all liability, claim, loss, damage, cost or expense except in the case of willful/intentional harm or gross negligence and waive any such 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 this event and I/we further agree to indemnify and hold harmless the parish and its aforesaid affiliated personnel from any such liability, claim, loss, damage, cost or expense.

I give  I do not give my permission for my child(ren's) picture to be take and used with his/her first name for educational use only. Pictures will not be posted to the internet.

\_\_\_\_\_  
Date Parent or Guardian Signature  (Indicate if a guardian)