

St. Irene Religious Education  
**EMERGENCY AND ACKNOWLEDGMENT INFORMATION**

Family Last Name \_\_\_\_\_

**HEALTH INFORMATION:**

<p><b>Child's Name:</b> _____</p> <p><b>Grade</b> _____ <b>Date of Birth</b> _____</p> <p> <input type="checkbox"/> Asthma                      <input type="checkbox"/> Hearing Impaired  <input type="checkbox"/> Diabetes                      <input type="checkbox"/> Visually Impaired  <input type="checkbox"/> ADD / ADHD                  <input type="checkbox"/> Developmental Disability  <input type="checkbox"/> Allergy (Please list): _____  <input type="checkbox"/> Requires special assistance in the classroom.            Other concerns or special needs _____            _____            _____         </p>	<p><b>Child's Name:</b> _____</p> <p><b>Grade</b> _____ <b>Date of Birth</b> _____</p> <p> <input type="checkbox"/> Asthma                      <input type="checkbox"/> Hearing Impaired  <input type="checkbox"/> Diabetes                      <input type="checkbox"/> Visually Impaired  <input type="checkbox"/> ADD / ADHD                  <input type="checkbox"/> Developmental Disability  <input type="checkbox"/> Allergy (Please list): _____  <input type="checkbox"/> Requires special assistance in the classroom.            Other concerns or special needs _____            _____            _____         </p>
<p><b>Child's Name:</b> _____</p> <p><b>Grade</b> _____ <b>Date of Birth</b> _____</p> <p> <input type="checkbox"/> Asthma                      <input type="checkbox"/> Hearing Impaired  <input type="checkbox"/> Diabetes                      <input type="checkbox"/> Visually Impaired  <input type="checkbox"/> ADD / ADHD                  <input type="checkbox"/> Developmental Disability  <input type="checkbox"/> Allergy (Please list): _____  <input type="checkbox"/> Requires special assistance in the classroom.            Other concerns or special needs _____            _____            _____         </p>	<p><b>Child's Name:</b> _____</p> <p><b>Grade</b> _____ <b>Date of Birth</b> _____</p> <p> <input type="checkbox"/> Asthma                      <input type="checkbox"/> Hearing Impaired  <input type="checkbox"/> Diabetes                      <input type="checkbox"/> Visually Impaired  <input type="checkbox"/> ADD / ADHD                  <input type="checkbox"/> Developmental Disability  <input type="checkbox"/> Allergy (Please list): _____  <input type="checkbox"/> Requires special assistance in the classroom.            Other concerns or special needs _____            _____            _____         </p>

**NAME OF LOCAL PERSON TO CONTACT IF A PARENT IS NOT AVAILABLE:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

**RELEASES**

If emergency treatment is required, and the parents or legal guardian cannot be reached immediately, your signature in the space provided below enables the Religious Education staff to exercise their own judgement to transport the child to a hospital emergency room, and allow a licensed medical professional to treat your child as necessary. Likewise, your signature below is not sufficient for the release of confidential information protected by Federal Law.

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

**I have read and agree to abide by the below policies found on our website [www.st-irene.org](http://www.st-irene.org):**

- \_\_\_\_\_ St. Irene Parish Religious Faith Formation Covenant
- \_\_\_\_\_ "Parent Guide to Understanding and Preventing Child Sexual Abuse"
- \_\_\_\_\_ "Policy Regarding Sexual Abuse of Minors"
- \_\_\_\_\_ "Standards of Behavior for Those Working with Minors"

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