

PLEASE PRINT

Where can parents be reached during PSR?

Father: (Full Name)

Phone # during PSR

Mother: (Full Name)

Phone # during PSR

List two nearby relatives or neighbors who will assume temporary care of your child if you cannot be reached:

Name

Phone

Address

Relationship to child

Name

Phone

Address

Relationship to child

Name of child _____ grade _____

Has this child been baptized? Yes No

Is your child currently taking any medications? (Please list)

Are there any allergies to medications, food, or other substances?

Are there any special needs or handicaps that require additional assistance? (Please explain)

Are there any custody issues of which we should be aware? Yes No

If yes, who has custody?

Name of child _____ grade _____

Has this child been baptized? Yes No

Is your child currently taking any medications? (Please list)

Are there any allergies to medications, food, or other substances?

Are there any special needs or handicaps that require additional assistance? (Please explain)

Are there any custody issues of which we should be aware? Yes No

If yes, who has custody?

Name of child _____ grade _____

Has this child been baptized? Yes No

Is your child currently taking any medications? (Please list)

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Are there any custody issues of which we should be aware? Yes No

If yes, who has custody?

PLEASE COMPLETE and SIGN NEXT PAGE

Name of child _____ grade _____

Has this child been baptized? Yes No

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| Is your child currently taking any medications? (Please list) |
| Are there any allergies to medications, food, or other substances? |
| Are there any special needs or handicaps that require additional assistance? (Please explain) |
| Are there any custody issues of which we should be aware? Yes No If yes, who has custody? |

Name of child _____ grade _____

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| | |
|--------------------|-------|
| Physician Name | Phone |
| Dentist Name | Phone |
| Preferred Hospital | Phone |

*****MEDICAL EMERGENCY*****



Grant Consent

In case of accident or serious illness, I request the parish to contact me. If the parish is unable to reach me, I hereby authorize the parish to call the physicians listed above and to follow his/her instructions. If it is impossible to contact this physician, the parish may make whatever arrangements are necessary for the treatment of my child.

| | |
|---------------------------------|------|
| Signature of Parent or Guardian | Date |
|---------------------------------|------|

Refusal to Consent

I do NOT give my consent for emergency treatment of my child. I wish the parish to take the following action:

| | |
|---------------------------------|------|
| Signature of Parent or Guardian | Date |
|---------------------------------|------|

Basic First Aid

I authorize OLPH personnel/volunteers to administer basic first aid (cleaning a wound, bandage, ice, etc.) for a minor injury

| | |
|---------------------------------|------|
| Signature of Parent or Guardian | Date |
|---------------------------------|------|