



St. Bridget of Ireland Church
Religious Education
Permission for Emergency Care 2018 – 2019

Student Name _____

Grade _____

Parent/Guardian Name _____

Address _____

Emergency Contact Number for Parent/Guardian (____) _____

(____) _____

If Parent cannot be reached,

Name of Emergency Contact _____

Phone # of Emergency Contact (____) _____

Current medical conditions / allergies _____

Family Doctor _____

Phone # (____) _____

In case of an accident or serious illness, I request that I be contacted. If I cannot be reached, the above emergency contact can be called to pick up my child. If neither can be reached, the religious education staff have my permission to take my child to the emergency room of the nearest hospital and I hereby authorize its medical staff to provide treatment, when a physician deems necessary for the well-being of my child.

I will assume the responsibility for payment of the medical fees.

Printed name of Parent _____

Signature of Parent _____

Date _____