



**IS THERE ANYONE WHO IS NOT PERMITTED TO PICK UP YOUR CHILD FROM PSR?**

*If so, please provide the identification of the person IN WRITING to the Director of Religious Education.*

**\*\*\*\*\*EMERGENCY CONTACT INFORMATION\*\*\*\*\***

**WHO, OTHER THAN A PARENT, MAY BE CONTACTED SHOULD YOUR CHILD BECOME ILL?**

If your child is not feeling well, please do not bring them to PSR. If your child becomes ill during PSR, every effort will be made to contact you at your primary and alternate phone numbers. In case we cannot reach you, please provide contact information for **two** individuals we may contact to pick up your child from PSR.

**NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**RELATIONSHIP:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**RELATIONSHIP:** \_\_\_\_\_

**CONSENT FOR EMERGENCY TREATMENT**

In case of emergency and in the event reasonable attempts to contact me have been unsuccessful, I give my permission to provide any medical treatment, care, or attention that is required. This authorization does not cover major surgery, unless the medical opinions of two licensed physicians or dentists, concurring on the necessity for such surgery, are obtained before surgery is performed.

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

**Primary Phone** \_\_\_\_\_ **Alternate Phone** \_\_\_\_\_

**Special Considerations**

Is there any information about your child that you would like to share with us? Does your child take daily medication? Are there allergies we should know about? Are there physical/emotional considerations? Does your child receive accommodations at their regular school? Would your child benefit from small-group catechesis rather than placement in the usual PSR classroom? What can we do to help your child in our program?

**Child's Name** \_\_\_\_\_

**Considerations** \_\_\_\_\_

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*\*\*Please attach documentation/instructions for any special medical needs or conditions we should be aware of or notify our Director of Religious Education\*\**

**May we use pictures of your child in parish publications? YES NO (circle one)**

*Your signature above grants this permission*