

NOTE: A SEPARATE FORM MUST BE COMPLETED FOR EACH CHILD ENROLLED IN ST. LAWRENCE'S YOUTH FAITH FORMATION PROGRAM.

Please complete or change information using block printing.

IN CASE OF A MEDICAL EMERGENCY:

I GIVE PERMISSION FOR MY CHILD TO BE TREATED AT THE NEAREST HOSPITAL IN CASE OF A MEDICAL EMERGENCY, IF I AM UNABLE TO BE CONTACTED AT THE ADDRESS AND PHONE NUMBER LISTED ON THIS FORM. THIS PERMISSION EXTENDS TO EMERGENCY TREATMENT INCLUDING, BUT NOT LIMITED TO, SURGERY, X-RAYS, AND MEDICATION.

Student's Name: _____ Date of Birth: _____
(First name) (Middle name) (Last name) (mm/dd/year)

Date of last Immunization/Examination: _____
(mm/dd/year)

List any medical, physical, or behavior limitations / problems (including allergies), special needs or medications your child may have or use, as the case may be. **If none, please write "NONE."**

Child's Doctor: _____ Phone: _____

Insurance Company: _____ Policy Number: _____

Emergency Contact 1st: _____ Phone _____

Emergency Contact 2nd: _____ Phone _____

Parent / Guardian Signature: _____ Date: _____

Parent / Guardian Printed Name: _____

**State of Florida
County of Hillsborough**

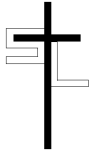
I hereby certify that on this day, before me, an officer duly authorized in the state aforesaid and in the county aforesaid to take acknowledgments, personally appeared _____, who executed the foregoing instrument, produced _____ identification, and acknowledged before me that he or she executed the same for the purpose thereto expressed.

Witness my hand and official seal in the state and county aforesaid on the _____ day of _____, 20_____.

Notary Public, State of Florida

My commission expires: _____

(Over – please fill out other side)



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RELEASE FROM CLASS:

In addition to the person completing this form, list below the people who have permission to pick up your child and the phone numbers where these people may be reached on Sunday mornings:

1). _____ Relationship _____ Phone: _____

2). _____ Relationship _____ Phone: _____

3). _____ Relationship _____ Phone: _____

If there is anyone who is **not allowed** contact with your child, please list them below:

1). _____ Relationship _____

2). _____ Relationship _____

Parent / Guardian Signature: _____ Date: _____

Printed Name of Parent / Guardian: _____

Please notify the St. Lawrence Parish Faith Formation program if any emergency medical or release information on this form changes during the year by calling (813) 875-4040 ext 206.