



### Emergency Medical Information

In the event of an emergency, if parents or guardian cannot be reached, please contact:

Name(s) \_\_\_\_\_ Relationship \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

**Please list any allergies (food, insect bites, plants)**

Child's Name	Allergies or other medical issues	Emergency medications (inhaler, epi-pen, etc.)

**Volunteers are always needed and appreciated. Please indicate if you are interested in giving a few hours a week to helping with the religion classes.**

Name of Volunteer \_\_\_\_\_ Email \_\_\_\_\_

### **\*\*Safety Curriculum for Children \*\***

Your child will have the opportunity to attend an educational program about personal safety for children. The program is in the form of an age appropriate discussion and/or DVD. Parents are welcome to preview or attend the presentation. The one time session will be presented during our regularly scheduled religious education classes.

My child may attend the personal safety program: \_\_\_\_\_ Yes \_\_\_\_\_ No

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_