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# Health History and Medical Release Form For Parish Programs and Activities

## PERMISSION FOR EMERGENCY MEDICAL TREATMENT

In case of emergency, I hereby give permission to Holy Spirit Parish-Brighton to transport my child to the nearest hospital/emergency center for emergency medical or surgical treatment. I will be contacted as soon as possible and will be advised prior to any further treatment by the hospital or doctor and I recognize that I am financially responsible.

\*SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

FAMILY INSURANCE PROVIDER/HEALTH PLAN \_\_\_\_\_

HEALTH PLAN NUMBER (Include expiration date): \_\_\_\_\_

FAMILY DOCTOR \_\_\_\_\_ PHONE \_\_\_\_\_

In an **EMERGENCY**, and unable to reach parent/guardian, contact:

1. Name \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

2. Name \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Please indicate any medical conditions we should know about, including allergies (esp. medical or food allergies)

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PARENT SIGNATURE \_\_\_\_\_

Parish and family catechesis are inseparable from one another because they each fulfill distinct needs of our children to grow morally and spiritually into disciples of Christ. At Holy Spirit we pledge to support you the parents, who are rightfully the primary educators of your children, by providing your child with a program that faithfully teaches according to the Catholic Church. We ask you as parents to regularly participate in the life of the parish as a loving witness of the Catholic faith for your child, attend Mass on Sundays and Holy days, pray with and for your child, and help your child learn all the prayers assigned throughout the year.