



St. Christina Religious Education Office  
11033 S. Christiana Ave., Chicago, IL 60655

### Medical Release & Authorization 2023-2024 Religious Education School Year

This form is required for all students enrolled in the St. Christina Religious Education Program.

Family Last Name: \_\_\_\_\_

Child Last Name if different: \_\_\_\_\_

| Child's First Name | Gr. Fall 2023 | Significant Allergies/Medical Condition |
|--------------------|---------------|---|
| _____              | _____         | _____                                   |
| _____              | _____         | _____                                   |
| _____              | _____         | _____                                   |
| _____              | _____         | _____                                   |

Physician's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Address/City: \_\_\_\_\_

Medical Insurance Co. Name: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Other contact in case of an emergency: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

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*In the event that the undersigned, or my (our) authorized physician cannot be reached and there is, in the judgment of Sue Carter, Coordinator of Religious Education, or other appropriate staff member, a necessity for immediate examination and/or treatment of my (our) child, I (we) hereby authorize any of the aforesaid personnel to obtain for my (our) child such medical services as deemed necessary.*

**Parent/Guardian Name (Print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_