

**Catholic Diocese of Memphis/Incarnation Catholic Church
2024-2025 HEALTH & MEDICAL RELEASE**

Emergency Contact (other than parent) _____
Relationship to child _____ Phone # _____

Student's Name _____ Medications during school _____

Does the student have any health conditions of which we should be aware of? (Allergies, Seizures, etc.) _____

Does the student have any special learning differences of which we should be aware?
(ADD,ADHD, etc.) _____

Student's Name _____ Medications during school _____

Does the student have any health conditions of which we should be aware of? (Allergies, Seizures, etc.) _____

Does the student have any special learning differences of which we should be aware?
(ADD,ADHD, etc.) _____

In case of medical (or surgical) emergency, I hereby give permission to the physician selected by Incarnation Catholic Church DRE or his/ her representative to hospitalize and/or secure proper medical treatment for my above named child. I understand that I am responsible for the cost of any medical treatments (including surgery) received by my child. I hereby release the directors and staff of Incarnation PRE from all responsibility for sickness or accidents, which occur during the PRE school year (or event). I understand that I will be contacted immediately in the case of an emergency.

Signature: _____ Date: _____

I am enrolling my child in the Incarnation Parish Religious Education program and I understand that as a parent, I am primarily responsible for the on-going religious formation of my child, including regular attendance at Mass, reception of the sacraments, participating in the life of the parish and ensuring my child regularly attend PRE classes.