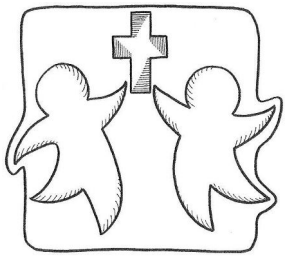

St. Elizabeth Seton Religious Education Program
Medical Information Form
2026-2027

FAMILY NAME:_____

LAST NAME If different than the Parent / Guardian	**FIRST NAME**	✓ IEP 504 Plan	✓ If request an Aide	**ALLERGIES** FOOD / ENVIRONMENTAL / MEDICAL	**MEDICAL CONDITION(S)**	**CURRENT MEDICATION(S)**

EMERGENCY INFORMATION

#1 Emergency Contact (Parent/Guardian)

Name:_____Phone#_____

#2 Emergency Contact

Name:_____Phone#_____

Relationship to Student_____

In the event that the undersigned cannot be reached and in the judgment of the Religious Education Staff there is a necessity for immediate examination and /or treatment of my (our) child, I (we) hereby request and authorize any of the aforesaid personnel to obtain for my (our) child such medical services as are deemed necessary. I agree to assume the financial responsibility for any diagnosis/treatment and for medication deemed necessary.

_____ _____

Parent/Guardian Signature **Date** **Parent/Guardian Signature** **Date**

If parents are divorced or separated, we presume that both parents have access to the child(ren) unless one parent can provide evidence that he or she has the sole right of custody and care. In these cases, the St. Elizabeth Seton Religious Education Program abides by the Buckley Amendment. Divorced and/or separated parents must file a court certified copy of the custody section of the divorce decree (or separation agreement) on a yearly basis when the children are enrolled in the program.

Release Valid September 1, 2026 through June 30, 2027