

St. Elizabeth Ann Seton Parish
Faith Formation/Youth Ministry Registration/Health Form 2009-2010

Child's Full Name _____ Age _____

Address _____ City _____ Zip _____

Phone _____ Parish/Location _____

School _____ Grade _____ Family Email _____

Birth date _____ Place of Birth _____

Baptism Date	____/____/____	Church	_____		
Confirmation	____/____/____	Church	_____	Grade	Sacrament
Eucharist	____/____/____	Church	_____		
Reconciliation	____/____/____	Church	_____	_____	_____

Father's Full Name _____ Religion _____

Work Phone _____ Work Email _____ Cell _____
Text Messaging Yes or No

Mother's Maiden Name _____ Religion _____

Work Phone _____ Work Email _____ Cell _____
Text Messaging Yes or No

Parents are: Divorced _____ Separated _____ Married _____

Emergency Contact _____ Phone _____

Health Insurance _____ Policy # _____

Family Physician/Clinic _____ Phone _____

Please list any allergies or special needs.

In signing this health form, I hereby certify that the above information is correct and give permission for my child to be transported in privately owned vehicles for medical and other emergency purposes only and for the release of medical records to an attending physician in case of illness.

In case of emergency, I understand that every effort will be made to contact the parents or guardian. In the event that I cannot be reached, I hereby give permission to the physician selected to secure proper treatment for my child named herein.

Signature of parent/guardian _____ Date _____

Name here those individuals to whom your child may be released. Include your self, spouse, etc: