

Grade _____ Sacrament _____

St. Elizabeth Ann Seton Parish
Faith Formation Registration/Health Form 2010-2011

Child's Full Name _____ Age _____

Address _____ City _____ Zip _____

Phone _____ Parish/Location _____

School _____ Grade 2010-2011 _____ Family Email _____

Birth date _____ Place of Birth _____

Baptism Date ____/____/____ Church _____

Confirmation ____/____/____ Church _____

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: