

2022 – 2023
SAINT DAVID C.C.D. RE-REGISTRATION
Classes are available in Grades First through Eighth.
STUDENT HEALTH EMERGENCY INFORMATION

EMERGENCY CONTACT: (Please write other than parent/guardian names as Emergency Contact)

1. _____ CELL: _____ HOME: _____
2. _____ CELL: _____ HOME: _____
3. _____ CELL: _____ HOME: _____

Indicate Special Health Concerns: _____

Physician: _____ Phone: (____) _____
Hospital of Choice: _____ Phone: (____) _____
Address: _____

I, the undersigned, do hereby authorize officials of Saint David Religious Education Department to contact directly the person named on this form and do authorize the named physician or his/her designee to render such treatment as may be deemed necessary in an emergency, for the health of said student. In the event that physicians or other person listed on this form cannot be contacted, the Religious Education Department officials are hereby authorized to take whatever action deemed necessary in their judgment for the health of the aforesaid student. I will not hold Saint David Catholic Church financially responsible for the emergency care and/or transportation for said students.

I, as parent/guardian, and my student agree to abide by the rules and regulations of Saint David Church Religious Education Program.

Parent/Guardian Signature: _____ **Date:** _____