



Parish School of Religion
Emergency Information Form

Student's Name: _____

School Currently Attending: _____ Grade: _____

SPECIAL NEEDS OF THE STUDENT

Has your child been <u>diagnosed</u> with ADD or ADHD?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is he/she taking medication on the weekend?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does he/she have any <u>FOOD</u> allergies?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please list food allergies: _____		
May this information be shared with his/her catechist?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

EMERGENCY CONTACT INFORMATION

In the event of an emergency, we will attempt to contact these adults in the order you list them:

Parent #1: Name: _____	Phone: _____
Parent #2: Name: _____	Phone: _____
Adult #3 Name: _____	Phone: _____
Adult #4 Name: _____	Phone: _____

High School PSR Please Note:

It is our policy to contact our high school students' parents when they are absent without prior notification. We will use these contact numbers in the order listed unless you prefer us to use an alternate contact.

Please list alternate contact information for high school absence notification (optional):

Name: _____ Phone: _____

EMERGENCY MEDICAL INFORMATION

I hereby give my permission for emergency medical treatment to be administered to my child. I also give permission to transport my child to a hospital for emergency medical or surgical treatment if necessary.

Preferred hospital: _____

Name of Physician: _____ Physician's Phone: _____

Parent's Signature: _____ Date: _____

I agree to review the attached health screening form for each of my children attending PSR BEFORE bringing them to the MBS campus. I also agree to notify the Office of Religious Education should I answer "yes" to any of the health screening questions.

Parent Signature



Parish School of Religion Student Health Screening

Please review the following for each of your children BEFORE bringing them to PSR. Should you respond “yes” to any of the questions, please contact Judy Carr at 751-5867.

- Is your child’s current temperature below 100.4°F? Yes No
- Has your child had fever or have they felt hot or feverish within the past 14-21 days? Yes No
- Has your child had shortness of breath or other difficulties breathing? Yes No
- Does your child have a cough? Yes No
- Has your child recently had any other flu-like symptoms, such as gastrointestinal upset, headache or fatigue? Yes No
- Has your child experienced a recent loss of taste or smell? Yes No
- Has your child been in contact with suspected or confirmed COVID-19 positive patients? Yes No