St. Anastasia Catholic School Authorization Form 2011-2012

I authorize St. Anastasia Catholic School to include my child (children), as listed below, in outside, supervised school activities. Supervision will be given by school staff or authorized adults.

I hereby release and indemnify St. Anastasia Catholic School, St. Anastasia Catholic Church, including all school and church staff and their volunteers, the Catholic Bishop of Chicago, a corporation sole, from any and all liability arising from claims of any kind or nature whatsoever from my child's (children's) participation at these activities.

Family Last Name _____

(This is the name that is identified on the School Family Form)

Name of Child (First and Last Name)	Birthdate (mm/dd/yy)	2011-2012 Grade

☐ IN CASE OF AN EMERGENCY I (we) authorize St. Anastasia Catholic School to call 911 and take my (our) child (children) to the emergency room for medical attention.

☐ IN CASE OF AN EMERGENCY I (we) authorize the emergency medical transport to take my (our) child (children) to the emergency room of the nearest hospital, accompanied by a school staff member.

Allergies/Physical Disabilities/Medications (List each child's needs individually)_____

_____

_____

_____

_____ The child (children) listed on page one of this form does (do) not have any allergies, physical disabilities and is (are) not administered medication Parent/Guardian initials _____

Physician's Name _____ Phone Number _____

Medical Insurance Carrier _____ Policy Number _____

Other pertinent medical information _____

_____

_____

Parent/Guardian Signature _____ Parent/Guardian Signature _____

Phone _____ Phone _____

Primary number for phone communication Secondary number for phone communication