

MEDICAL EMERGENCY FORM UPDATE FOR 2022/2023

This form updates my original permission form for the child/children listed below who are registered in the RE Program to receive emergency treatment if I cannot be contacted while they are attending religious education classes at St. Philip the Apostle Parish. I agree to the terms of the original statement.

Parent's Signature: _____ **Date:** _____

STEP 4

Please list children's names below and any issues that may impact on their religious education experience.

Child's Name	Medical problem, allergies, or learning disability

Please list an emergency name and phone number if parents cannot be reached at the phone numbers listed on the front of this form:

Name: _____ **Relationship:** _____ **Phone #:** _____

PICTURES/VIDEO PERMISSION: Pictures/videos of the religious education students may be taken during the school year for publicity or information purposes to advertise events in the parish. The pictures may be posted on the parish website, the parish bulletin boards, in parish publications and/or newspapers (local or diocesan). We assume your permission is given to use these photos for publicity and information purposes unless you notify the Religious Education Office by calling 630-543-1754. Please check that you understand this policy:

STEP 5

STEP 6

ACKNOWLEDGEMENT OF RECEIPT OF DIOCESAN SAFE ENVIRONMENT PARENT RESOURCE INFORMATION FOR 2022/2023

I acknowledge that I have received the **Practical Advice for Parents on Preventing Child Sexual Abuse** flyer. This flyer and other literature offered by the diocese about standards of behavior may be read at <https://www.st-phil.org/re-program-registration.html> (Steps 8-10).

Parent's Signature: _____ **Date:** _____

Interested in volunteering in the Religious Education Program?

- | | |
|---|--|
| <input type="checkbox"/> Grades K-5 Catechist (Wednesday, 4:15-5:45 p.m.) | <input type="checkbox"/> Summer Vacation Bible School |
| <input type="checkbox"/> Grades K-5 Classroom Aide (Wed., 4:15-5:45 p.m.) | <input type="checkbox"/> I have taken a Protecting God's Children class. |
| <input type="checkbox"/> Grades 6-8 Catechist (Wednesday, 6:45-8:15 p.m.) | <input type="checkbox"/> I need to take a Protecting God's Children class. |
| <input type="checkbox"/> Grades 6-8 Classroom Aide (Wed., 6:45-8:15 p.m.) | |
| <input type="checkbox"/> Office Manager ___ 4:15 p.m. or ___ 6:45 p.m. | Name: _____ |
| <input type="checkbox"/> Door Security ___ 4:15 p.m. or ___ 6:45 p.m. | Primary contact phone #: _____ |
| <input type="checkbox"/> Hospitality & Set-up/Clean-up at RE Events | E-mail Address: _____ @ _____ |
| <input type="checkbox"/> Kitchen Ministry | Comments: _____ |
| <input type="checkbox"/> Decorating for RE Events | |

Please return your completed form (**front and back**) and payment to the Religious Education Office at 1233 W. Holtz Avenue in Addison, IL 60101. Checks should be made payable to St. Philip the Apostle RE Program. If you are registering a **new student**, please fill out a student information card and provide a copy of your child's baptismal certificate.