

MEDICAL ALERTS: Please indicate where applicable

Food Allergies: _____

Drug Allergies: _____

Other Allergies: _____

Medical Conditions or other pertinent information: _____

***REMIND-** Receive class updates, weather closures/delays, and emergency messages via text message, email or push notification. You can download the app, open a web browser and go to [rmd.at/\[classcode\]](http://rmd.at/[classcode]) or text the class code to **81010**. Below are the class codes

ECRE: CKECRE

ELEMENTARY: CKREE

MS: CKMSRE

MS Youth Group: CKMSYG

HS: CKLT2021

HS Confirmation Year 2: CKConf2024

MS Confirmation Year 1:

MS Confirmation Year 2: CKConf2025

Christ the King Church Religious Education Consent for Minor or Emergency Medical Treatment

I, _____ am the Father/Mother/Legal Guardian of

_____, a minor. In case of emergency, I give my consent for medical

treatment as set forth below:

- 1. The transfer to any hospital reasonably accessible when medically necessary.**
- 2. The administration of any emergency treatment deemed necessary by a registered nurse, emergency medical technician, licensed physician or dentist.**

Any hospital or practitioner not having access to your child's medical history needs the following information

Regular medication being taken _____

Vaccinations up to date? ____ Yes ____ No Physical Impairments _____

Physician's Name _____

Address _____ Phone _____

Medical Insurance Company _____

Policy Number _____ Subscriber's Name _____

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

COMPLETE BOTH SIDES

Extra copies may be printed from the website www.ckparish.org under "Faith Formation" or picked up at the Parish office Monday through Friday, 8:30 a.m. to 4:30 p.m.