

# FAITH FORMATION OFFICE

## Medical Release Form—2024-2025

**FAMILY NAME:** \_\_\_\_\_

In case of emergency, I grant  
consent to:

St. Michael Faith Formation

to authorize medical care for my minor child/children:

Child #1

Child #2

Child #3

Child #4

**Our family doctor is:** \_\_\_\_\_

**The hospital we use is:** \_\_\_\_\_

**Medical Conditions: PLEASE LIST**

Child #1

Child #2

Child #3

Child #4

**Alternative Contact**

**Name**

**Phone**

**Signature**

**Printed Name**

**Phone**

**Date**

**Due to Faith Formation Office by: April 22, 2024**