

FAMILY NAME: _____

ST MARY McHENRY SACRAMENTAL AND MEDICAL FORM 2025-2026

MEDICAL RELEASE/ ONE PER FAMILY

MEDICAL RELEASE FORM 2025-2026

As a parent and/or guardian, I authorize the treatment by a qualified and licensed medical doctor of the following minor in case of medical emergency, that in the opinion of the attending physician, may endanger her or his life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted after a reasonable effort has been made to reach me.

Full Name of Child	Sex (M/F)	DOB	Special Health Condition (describe), Prescription Medication, Dietary needs, allergies, ADD, physical or emotional needs

EMERGENCY CONTACT: NAME _____ PHONE # _____

PHYSICIAN: NAME _____ PHONE # _____

DENTIST: NAME _____ PHONE # _____

HOSPITAL OF CHOICE _____

This release form is for the duration of the Faith Formation classes August 2025 through May 2026. I have completed this form and signed of my own free will with the sole purpose of authorizing medical treatment, under emergency circumstances, in my absence. I will notify the Religious Education office immediately if any information should change.

Signature: _____ Date _____
(ddmmyyy)

Printed Name: _____ Relationship _____

I acknowledge that I have received the 2025 Parent Handbook for religious education and sacramental prep for the parish of St Mary McHenry.

Printed name

Parent signature

Date: _____

Child #3

First Name: _____ Middle Name: _____ Last Name: _____

Preferred Name (nick name): _____

Circle one: Female Male Grade level in fall 2025: _____ DOB: ____/____/____

Circle one: Special Needs* Yes No School attending: _____

Check programs participating in this year: ____ Faith Formation ____ First Communion ____ Confirmation

SACRAMENTAL INFORMATION: (Please fill out all that apply)

➤ Baptism: Date: _____ Parish: _____

Parish Name, City and State

➤ RECONCILIATION: Date: _____ Parish: _____

Parish Name, City and State

➤ EUCHARIST: Date: _____ Parish: _____

Parish Name, City and State

Attended Faith Formation last year at St Mary: ____ yes ____ no (If no, where: _____)

Child #4

First Name: _____ Middle Name: _____ Last Name: _____

Preferred name (nick name): _____

Circle one: Female Male Grade level in fall 2025: _____ DOB: ____/____/____

Circle one: Special Needs* Yes No School attending: _____

Check programs participating in this year: ____ Faith Formation ____ First Communion ____ Confirmation

SACRAMENTAL INFORMATION: (Please fill out all that apply)

➤ Baptism: Date: _____ Parish: _____

Parish Name, City and State

➤ RECONCILIATION: Date: _____ Parish: _____

Parish Name, City and State

➤ EUCHARIST: Date: _____ Parish: _____

Parish Name, City and State

Attended Faith Formation last year at St Mary: ____ yes ____ no (If no, where: _____)

Fees: Faith Formation: One Child..... \$100.00
Two Children..... \$150.00
Three or more.... \$200.00

Fees \$ _____
Amount Paid \$ _____
Amount Due \$ _____

Sacrament Fees: First Communion \$50 Confirmation \$150 (total for both years - can pay \$75/year)
[Inability to pay will not exclude your children's participation in the program but you MUST discuss this with me Thank You]

Please note: Parents must be Officially Registered Parishioners of St. Mary Parish.

OFFICE USE Registered Y N Payment method _____ Date _____