

Emergency Contact Information

If your child is not feeling well, please do not bring them to PSR. If your child becomes ill during PSR, every effort will be made to contact you at your primary and alternate phone numbers. In case we cannot reach you, please provide contact information for two additional individuals we may contact to pick up your child.

Name _____ Phone _____ Relationship _____

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Consent for Emergency Treatment

In case of an emergency and in the event reasonable attempts to contact me have been unsuccessful, I give my permission to provide any medical treatment, care, or attention that is required. This authorization does not cover major surgery, unless the medical opinions of two licensed physicians or dentists, concurring on the necessity for such surgery, are obtained before surgery is performed.

Parent/Guardian Signature _____ Date _____

Primary Phone _____ Alternate Phone _____

Student Handbook Agreement

In an effort to conserve the resources God has given us, we have put the PSR Student Handbook on the parish website. Log on to www.sjohio.org/psr to read the handbook. Once you have read the handbook, please sign below acknowledging your review.

I have read the PSR handbook online and agree to comply with the policies for PSR.

Parent/Guardian Signature _____ Date _____

Special Considerations

Is there any additional information about your child that you would like to share with us? Medication? Allergies? Physical/emotional considerations? Special accommodations?

If you feel your child would benefit from either small group or one:one catechesis, or is a suitable candidate for home-schooling catechesis (not available in grades 2 or 8), please email Linda Zvoncheck, Director of Faith Formation, at lzvoncheck@sjohio.org, to discuss your options.

To provide our children the best PSR experience possible, we could really use your help. Please consider helping us as a (circle):

Catechist/Teacher

Classroom helper

Hall Monitor

Your Name _____

Best Phone _____ Email _____