

# St. Gabriel Sacramental Preparation (PLEASE PRINT)

## Parent/Guardian 1 (Father)

First Name \_\_\_\_\_ Last \_\_\_\_\_  
Phone: home \_\_\_\_\_ cell \_\_\_\_\_ email \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Religion/church \_\_\_\_\_ Married to Parent #2? Yes No

## Parent/Guardian 2 (Mother)

First Name \_\_\_\_\_ Last \_\_\_\_\_ Maiden \_\_\_\_\_  
Phone: home \_\_\_\_\_ cell \_\_\_\_\_ email \_\_\_\_\_  
Address if different from above \_\_\_\_\_  
Religion/church \_\_\_\_\_

**CHILD/STUDENT #1** Last Name \_\_\_\_\_ First name \_\_\_\_\_ Middle \_\_\_\_\_

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

Day school attending \_\_\_\_\_ Grade in school \_\_\_\_\_

Desires: Baptism First Communion First Penance Confirmation Other \_\_\_\_\_

Where baptized? (church name, city & state, denomination/affiliation if not Roman Catholic)  
\_\_\_\_\_

Baptismal certificate needed? yes no Does child live at another address? yes no

Previous religious education \_\_\_\_\_

Allergies or special needs \_\_\_\_\_

## EMERGENCY CARE AND ADDITIONAL CHILDREN SEE PAGE 2

### PARTICIPATION PERMISSION:

I, \_\_\_\_\_ the lawful parent or guardian of \_\_\_\_\_  
give permission for my child (ren) to participate in the St. Gabriel sacramental preparation activities and classes and  
release from all liability and indemnify the Archbishop of Cincinnati ("the Archbishop"), both individually and as trustee  
for the Archdiocese of Cincinnati and all parishes within the Archdiocese, and their officers, agents, representatives,  
volunteers, and employees from any and all liability, claims, judgments, cost or expenses, including attorney fees, arising  
out of any injury or illness incurred by my child while participating in or traveling to or from the activity.

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

**CHILD/STUDENT #2** Last Name \_\_\_\_\_ First name \_\_\_\_\_ Middle \_\_\_\_\_

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

Day school attending \_\_\_\_\_ Grade in school \_\_\_\_\_

Desires: Baptism First Communion First Penance Confirmation Other \_\_\_\_\_

Where baptized? (church name, city & state, denomination/affiliation if not Roman Catholic)

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Baptismal certificate needed? yes no Does child live at another address? yes no

Previous religious education \_\_\_\_\_

Allergies or special needs \_\_\_\_\_

**CHILD/STUDENT #3** Last Name \_\_\_\_\_ First name \_\_\_\_\_ Middle \_\_\_\_\_

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

Day school attending \_\_\_\_\_ Grade in school \_\_\_\_\_

Desires: Baptism First Communion First Penance Confirmation Other \_\_\_\_\_

Where baptized? (church name, city & state, denomination/affiliation if not Roman Catholic)

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Baptismal certificate needed? yes no Does child live at another address? yes no

Previous religious education \_\_\_\_\_

Allergies or special needs \_\_\_\_\_

### EMERGENCY MEDICAL AUTHORIZATION

Purpose: To enable parents to authorize the provision of emergency treatment for children who become ill or injured while under program authority. I grant consent for the program director and authorized associates to provide basic first aid (covering wounds, ice, CPR, etc.) and to make reasonable, lay decisions regarding the need for further emergency medical treatment. When emergency treatment is deemed necessary, I understand that the staff will notify me as soon as possible.

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for:

1. The administration of any treatment deemed necessary by licensed medical and dental professionals. Our preferred professionals include:

Dr. \_\_\_\_\_ (preferred physician) at \_\_\_\_\_ (phone)

Dr. \_\_\_\_\_ (preferred dentist) at \_\_\_\_\_ (phone)

2. The transfer of the child to \_\_\_\_\_ (preferred hospital) or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before surgery is performed.

3. Other directions for the St. Gabriel staff in the event of an emergency involving my child:

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Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_