

✘ MASS COMMITMENT-YOUR BAPTISMAL CALL ✘

As a parent in support of the Religious Education program at St. Thomas More Church, I promise to make every effort to take my child to Mass on Sunday and Holy Days of Obligation.

--MEDICAL RELEASE--

Release made on _____ by _____, _____
(date) (parent/guardian – please print) (relationship to students)

I authorize a representative of the St. Thomas More Religious Education Program to consent to medical treatment of the above named children in the event of an emergency. I, the undersigned, have read the Release and Consent of Medical Treatment and understand all of its terms and conditions. I execute it voluntarily and with knowledge of its significance.

Emergency Contact and Phone # _____

Alternate Emergency Contact and Phone # _____

_____ I do **not** want medication given to my child, **OR**

_____ STM representatives have permission to give my child: aspirin ibuprofen acetaminophen

Parent /Guardian Signature _____