

**Saint Linus Religious Education**  
**10300 South Lawler Avenue, Oak Lawn, IL 60453**  
**(708) 422-2400 x139**

*www.stlinusoaklawn.org/ReligiousEducation*    *email: religioused@stlinusschool.org*

**Medical Information**  
**Authorization for Medical Treatment**

Name of Child	Grade in Sept. 2025	Medical allergies	Year of Last Tetanus Shot

**Name of Physician** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_

**Medical Insurance Company** \_\_\_\_\_

**Insurance Number** \_\_\_\_\_ **Group Number** \_\_\_\_\_

**Other contact in case of emergency:**

**(please select someone who is available during RE classes!)**

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Relationship to child** \_\_\_\_\_

**Mother cell phone** \_\_\_\_\_ **Father cell phone** \_\_\_\_\_

**Medical Release**

In the event that the undersigned or my (our) authorized physician, cannot be reached and in the judgment of the Director of Religious Education, other person responsible for the program/group or other appropriate staff member, there is a necessity for immediate examination and/or treatment of my (our) child, I (we) hereby authorize any of the aforesaid personnel to obtain for my (our) child such medical services as are deemed necessary.

**This release is effective from August 2025 through May 2026**

\_\_\_\_\_  
**Parent Signature** **Date**

\_\_\_\_\_  
**Parent Signature** **Date**