

# Our Lady of the Ridge-St. Linus Religious Education/Faith Formation

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## Medical Information Authorization for Medical Treatment

Name of Child	Grade in Sept. 2026	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 SEPT 2026 through May 2027**

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

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