

**Registration form 2023-2024  
St. Catherine of Alexandria**

Religious Education Office  
10600 S Karlov Avenue  
Oak Lawn, IL 60453

(708)423-5747  
tward@scaoaklawn.org

Family Name: \_\_\_\_\_ Envelope ID: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

**Authorization for Medical Treatment 2023-2024**

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

Name	DOB	Present Grade	Medical Allergies	Last Tetanus Shot

Medical Insurance Company: \_\_\_\_\_ Insurance Number: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_