



## EMERGENCY MEDICAL INFORMATION

In the event of an emergency, if parents/guardians can't be reached, please contact:

Name(s) \_\_\_\_\_ Relationship \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Other: \_\_\_\_\_

Please list any allergies (food, insect bite, plant)

Student's name	Allergy or other medical issue	Emergency medications (inhaler, epi-pen, etc)

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## Volunteer Information:

**Catechist:** The catechist's role is to teach our Catholic faith through the use of the catechist's manual, prayer, media and other creative expressions. Time commitment: Weekly lesson preparation and a catechist enrichment session. A background check is required.

**Aide:** The role of the aide is to facilitate the catechist's mission to teach and nurture the faith of the children. Time commitment: Weekly presence in the classroom and a catechist enrichment session. A background check is required.

**Set up:** Set up hall and conference rooms with tables and chairs on Monday or Tuesday morning. Time commitment: up to one hour each week, depending on number helping.

**Clean up:** Put away tables and chairs on Wednesday evening or Thursday. Time commitment: up to one hour each week, depending on number helping.

**Name of volunteer:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

Please check how you would be interested in volunteering your time:

\_\_\_ Catechist \_\_\_ Aide \_\_\_ Substitute \_\_\_ Set up \_\_\_ Clean up \_\_\_ other (what? \_\_\_\_\_)

Grade preference \_\_\_\_\_ Session: \_\_\_ Tues \_\_\_ Wed

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## \*\*Safety Curriculum for Children and Youth\*\*

This year your child will have the opportunity to attend an educational program for personal safety education of children and youth. The program has been developed by the Southern Arizona Children's Advocacy Center of Tucson. (Parents are welcome to attend the presentations). The one-time session will be presented during our regularly scheduled Religious Education classes, one for preK-3<sup>rd</sup>, and one for 4<sup>th</sup> & 5<sup>th</sup> grades

My child may attend the personal safety program: \_\_\_\_\_yes \_\_\_\_\_no

Parent / guardian signature: \_\_\_\_\_ date: \_\_\_\_\_