

**SAINT COLUMBAN CATHOLIC CHURCH - CỘNG ĐOÀN CHÚA KITÔ VUA**  
**Bilingual Religious Education / Vietnamese Language Education / Eucharistic Youth**  
**Giáo Lý Song Ngữ/ Việt Ngữ / Thiếu Nhi Thánh Thể**  
**Emergency Contact, Medical Information, and Release Form**

In the event of an emergency, students will remain at church until parent(s) or an authorized person arrives. To help our office staff and personnel provide better service, please make sure you have the students picked up in timely manner. Please list the names to whom your child(ren) may be released to. **NOTE: All authorized persons must present a photo I.D. at the time of pickup of the child(ren).** An office staff or personnel will verify the person(s) upon release, and sign out the authorized person(s). Your child(ren) will **ONLY** be released to those you have indicated below. Saint Columban Catholic Church is not responsible after your child(ren) is(are) released as herein.

**PLEASE PRINT LEGIBLY (XIN ĐIỀN RÕ)**

**Parent and Children Information**

Father/Guardian's Name ( Họ Tên Cha / Giám hộ)		Mother/Guardian's Name ( Họ Tên Mẹ / Giám hộ)	
Home Phone ( Điện thoại nhà)	Cell Phone (Cầm tay)	Home Phone ( Điện thoại nhà)	Cell Phone (Cầm tay)
1. Child Name (Họ Tên Con)	Date of birth (ngày sinh)	Allergy (dị ứng) <input type="checkbox"/> Yes <input type="checkbox"/> No	Allergy to (Loại dị ứng)
2. Child Name (Họ Tên Con)	Date of birth (ngày sinh)	Allergy (dị ứng) <input type="checkbox"/> Yes <input type="checkbox"/> No	Allergy to (Loại dị ứng)
3. Child Name (Họ Tên Con)	Date of birth (ngày sinh)	Allergy (dị ứng) <input type="checkbox"/> Yes <input type="checkbox"/> No	Allergy to (Loại dị ứng)

**Authorized Pickup and Emergency Contacts**

Name (Tên)	Relation( Quan hệ)	Phone ( Điện thoại)
Name (Tên)	Relation( Quan hệ)	Phone ( Điện thoại)
Name (Tên)	Relation( Quan hệ)	Phone ( Điện thoại)

**Medical Conditions and Authorization**

Please indicate any special medical or health conditions that we should know about your child(ren)

1. Child Name (Họ Tên Con)	Medical Conditions (Tình trạng y tế)	Medication taken (Thuốc sử dụng)
2. Child Name (Họ Tên Con)	Medical Conditions (Tình trạng y tế)	Medication taken (Thuốc sử dụng)
3. Child Name (Họ Tên Con)	Medical Conditions (Tình trạng y tế)	Medication taken (Thuốc sử dụng)

In the event of illness or injury result of the child(ren) participation in the program, do you authorize us to apply First Aids ?  Yes  No

I give permission for my child(ren) to participate in Bilingual Religious Education/ Vietnamese Language Education / Eucharistic Youth activities. I authorize the people listed above to pick up my child(ren) from St. Columban. I release St. Columban Catholic Church, Bilingual Religious Education, Vietnamese Language Education, Eucharistic Youth, and individuals from liability in case of injuries result of my child(ren) participation in such activities.

I understand that it is my responsibility to update the information and notify the office in writing of any changes.

Parent's/Guardian's Signature (Phụ Huynh/Giám Hộ Ký Tên)	Printed Last, First Name (Ghi Rõ Họ Tên)	Date (Ngày)
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