



**MEDICAL INFORMATION AND RELEASE FORM—ST. CLARE FAITH FORMATION**

**Child's Name:** \_\_\_\_\_ **Gr.** \_\_\_\_\_ **Physician's name & phone number:** \_\_\_\_\_

Please list any special medical information for your child (for example: medication or special needs, physical or medical):

List any allergies: \_\_\_\_\_

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**IS ONE OF YOUR CHILDREN PLANNING TO CELEBRATE A QUINCENERA/SWEET 16? YES/NO DATE:** \_\_\_\_\_  
**MUST ATTEND A QUINCENERA RETREAT. (DONATION TO PARISH IS DUE TWO WEEKS BEFORE CELEBRATION.)**