To be completed by parent/guardian for each child and submitted to the school annually

MEDICAL AND EMERGENCY NOTIFICATION INFORMATION
AUTHORIZATION FOR MEDICAL TREATMENT

SCHOOL ______________________________________ SCHOOL YEAR ____________

STUDENT NAME	DATE OF BIRTH	GRADE	LIST OF MEDICAL ALLERGIES and/or SIGNIFICANT MEDICAL HISTORY

PLEASE PRINT

Mother's Name: ________________________________

Address: ____________________________________

City, State, Zip________________________________

Home #: ( ) __________ Work#: ( ) __________

Cell #: ( ) ________________________________

Father's Name: ________________________________

Address: ____________________________________

City, State, Zip________________________________

Home #: ( ) __________ Work#: ( ) __________

Cell #: ( ) ________________________________

Name of Student's Physician ____ Phone#( ) ____________________

Medical Insurance Provider ____ Policy/Insurance # ________________

EMERGENCY CONTACTS IN CASE PARENT/GUARDIAN CANNOT BE REACHED:

Name ____ Relationship to Student _________________________

Phone 1 ______________________________________ Phone 2 _____________________________________

Name ____ Relationship to Student _________________________

Phone 1 ______________________________________ Phone 2 _____________________________________

MEDICAL RELEASE

In the event that the undersigned, or my/our authorized physician, cannot be reached and in the judgment of the School Principal or his/her authorized staff member, there is a necessity for immediate examination and/or treatment of my/our chi ld, I/we hereby request and authorize any of the aforesaid personnel to obtain for my/our child such medical services as are deemed necessary. I/We agree to assume the financial responsibility for any diagnosis/treatment and/or for medication deemed necessary.

____ ______________________________

PARENT/GUARDIAN SIGNATURE DATE

____ ______________________________

PARENT/GUARDIAN SIGNATURE DATE

THIS FORM WILL ACCOMPANY STUDENTS ON FIELD TRIPS. IT IS THE RESPONSIBILITY OF THE PARENT/GUARDIAN TO UPDATE EMERGENCY INFORMATION AS NECESSARY.

Archdiocese of Chicago
Office of Catholic Schools
June 2008