



MEDICAL INFORMATION & EMERGENCY FORM

Student's name (first, middle, last): _____

Address: _____

Birthdate: _____ Grade level: _____ Sex: _____ M _____ F

Home phone: _____ Home Email: _____

Father: _____
Full Name Including area code: Home phone Cell phone Work phone

Mother: _____
Full Name Including area code: Home phone Cell phone Work phone

Emergency contacts – Local relative or friend if parents cannot be reached:

Name (first, last): _____ Phone (including area code): _____

Name (first, last): _____ Phone (including area code): _____

Student's primary physician:

Name (first, last): _____ Phone (including area code): _____

Medical conditions:

Please list any medical conditions of the student/minor (asthma, diabetes, epilepsy, etc.): _____

List any allergies or allergic reactions to medications of the student/minor: _____

List any medications the student/minor is presently taking: _____

Other pertinent medical information: _____

Date of student/minor's most recent tetanus shot: _____

Medical insurance information:

Company: _____

Plan number: _____ Employee identification #: _____

Authorization for Emergency Medical Treatment

This information will be kept in the possession of the school/parish. A copy will be distributed to the person in charge of each trip or athletic activity in which the student/minor participates. Should the need arise this information will be given to the proper medical authorities.

I, _____ [parent/guardian], understand that in the case of illness or injury to my child, _____ [child's name], the school/parish will try to notify me or the person I have listed above as an emergency contact. In case of medical emergency concerning my child, at a time when I or my listed emergency contact cannot be notified, I grant full power to the school/parish to 1) arrange for the transportation of my child, whether by ambulance or otherwise, to a proper facility where emergency medical treatment would normally be administered, including but not limited to, an emergency room of a hospital, a doctor's office, or a medical clinic; and 2) sign releases as may be required in order to obtain any medical or surgical treatment as is required in the judgment of medical authorities at the facility.

Signature of Parent/Guardian

Date