Saint Clement Parish

Annual Medical Release

Name of Student:____ Date of Birth:__________________

Address:____

____Home Phone:___________________

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical attention. I wish to be advised prior to any further treatment by the doctor and hospital. If you are unable to reach me, contact:

Emergency contact:____ Phone:_______________________

Relation to participant:_______________________________________

If you are unable to reach parent/guardian or the emergency contact person, I hereby grant permission for the doctor and hospital to exercise professional judgment in treating participant.

Medical/Hospital Insurance Carrier: ____

Name of Policy Holder: ____ Relation: ___________________

Policy Number:______________________________ Group Number: ________________________________

Signature of Parent/Guardian: ____ Date: __________________

Father/Guardian Name:____ Cell: _______________________________________ Phone:______________________________ Place of Work: ____ Phone: ___________________ Home Address:
Mother/Guardian Name:____ Cell: _______________________________________ Phone:______________________________ Place of Work: ____ Phone: ___________________ Home Address:

Name of Participant: ____

Medications: My child is taking the following medication(s):

Description(s): ____

____

____

(EITHER A PHYSICIAN'S PRESCRIPTION OR A PARENT NOTE MUST ACCOMPANY ALL MEDICATIONS)

I hereby grant permission for non-prescription medications to be given if deemed appropriate.

Initials: _____________________

Drug Allergies: ____

____

Other Allergies: ____

____

Other Health issues to be aware of: ____

____

Signature of Parent/Guardian:___________________________________ Date:________________

Verified________________________ Signature____

Verified________________________ Signature____

Verified________________________ Signature____

Verified________________________ Signature____

Verified________________________ Signature____