

STUDENT MEDICAL INFORMATION & EMERGENCY FORM

*Please complete one form for **each** student.*

Please note: schools may use this form or a commercially available medical information/emergency form template

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

Primary Address: _____

Phone In Case of Emergency: _____

Parent Information:

* **Mother's Name** (first, middle, last): _____

* Mother's Employer: _____ Work Phone: _____ Cell: _____

* **Father's Name** (first, middle, last): _____

* Father's Employer: _____ Work Phone: _____ Cell: _____

Student's Physician: _____ Phone (including area code): _____

Student's Dentist: _____ Phone (including area code): _____

Hospital Preference: _____ Phone (including area code): _____

Medical Conditions:

List any medical conditions and/or special needs of the student (asthma, hearing, 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:

Medical Insurance Information: Insurance Company: _____ Plan ID: _____

Emergency contacts: list two relatives or neighbors who will assume care of your child if you cannot be reached.

1. Name (first, last): _____ Phone (incl. Area code): _____

Relationship (friend, neighbor, coworker, etc.): _____

2. Name (first, last): _____ Phone (incl. area code): _____

Relationship (friend, neighbor, coworker, etc.): _____

Others authorized for pickup: _____

Authorization for Emergency Medical Treatment

This information will be kept in the possession of the school. 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 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 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 _____

This Authorization for Emergency Medical Treatment is valid for a period of one year, from August 01, 2018 through August 01, 2019.

(Please Continue To Back)

**Permission For All 2018-2019 Field Trips
(adapted from Diocesan provided form)**

I hereby grant permission for my child _____ to participate in all school related field trip and events. I acknowledge that each teacher of above stated student will communicate costs and expectations as well as travel arrangements. I give permission for the student to be transported by parent, staff, or bus as needed.

Parent Initial: _____

Medical Permission Form:

I grant permission for the administration of First Aid to my child _____ by the people in charge of each activity/event, and those transporting my child to and from the event as their judgment deems advisable, to sign the necessary referrals to qualified physicians for the treatment of illness or accidents of a more serious nature. I understand I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In the case of a medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery if deemed necessary for my child.

Parent Initial: _____

Field Trip Permission:

I hereby release and agree to indemnify and hold harmless my school and parish, its staff and their employees and agents, volunteers, and the Diocese of Peoria, IL from any and all liability, for injuries, damages, medical expenses or any other loss to my child or family, including attorney fees, arising from claims of any kind or nature whatsoever for my child's participation in these events.

Videotaping, Still Photographs and Audio Recordings: Video, still photographs and audio recordings may be taken during this event. This authorization form constitutes permission for my child's participation in the videotape, still photographs and/or audio records, which may be used for future promotional efforts, including the Diocese of Peoria website.

Code of Behavior: As a participant he or she is representing our school and parish during these events and we expect he/she will represent us well. We expect that he/she will display mature and responsible behavior, which for many years has been the trademark of Catholic youth and adults of our Diocese.

Parent Initial: _____

Expectations:

1. All participants are expected to arrive on time.
2. All participants are expected to demonstrate common courtesy and respect at all times. Inappropriate language/behavior will not be tolerated.
3. Socializing should always be done in public areas.
4. Dress should reflect the value of modesty. Writing on clothing should reflect Christian values.
5. The possession or consumption of alcoholic beverage and/or possession/use of any illegal drug is not permitted.
6. Smoking is not permitted.
7. Weapons and/or drug paraphernalia is not allowed.
8. If under age 18, prescription drugs need to be given to an adult for storage and distribution.
9. Infraction of these rules can mean immediate dismissal with no refund. Participants will be responsible to local authorities as well.

I understand and agree to this Code of Behavior. I also understand that at the time of an infraction requiring my dismissal, I am responsible for my removal from the premises and any costs involved. If under age 18, I also understand and agree that my parents or guardian will be notified at the time of the infraction requiring my dismissal. My parents or guardian will be responsible for my removal from the premises and any costs involved.

Participant Signature(s): _____

Parent/Guardian Signature: _____