

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): _____ DOB: _____

Primary Address: _____ **Phone In Case of Emergency:** _____

Parent Information:

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

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

Mother's Email: _____

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

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

Father's Email: _____

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.): _____

Authorized to pick up child(ren): Please list names of adults who may pick your child(ren) up from school if you cannot

Name _____	Relationship _____	Phone _____
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Name _____	Relationship _____	Phone _____
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Name _____	Relationship _____	Phone _____
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Name _____	Relationship _____	Phone _____
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Name _____	Relationship _____	Phone _____
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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, 2019 through August 01, 2020.

2019-2020 Academic Year

WAIVER OF INSURANCE

This form is to verify that _____ (Print son/daughter name) is covered by a family/group medical health insurance plan. The parent/guardian assumes the responsibility of insuring that their medical health insurance policy remains in effect throughout the school year, and any lapse in coverage will be reported immediately to the School Office. As parent/guardian, I assume the responsibility of providing continual medical health insurance coverage for my children.

Initials of Parent/Guardian

PUBLICITY

On occasion, the school named above takes photographs or makes an audio or video recording of children and/or adults involved in school or parish activities. Such photographs or video records may be used by staff and participants to remember the activities or participants. In addition, such photographs and audio/visual recordings may be used in school or parish publications or advertising materials to let others know about the school or parish. Also, local news organizations may learn about the school's activities or events, and the school or parish may invite or allow them to photograph or record such events to be used, distributed, or displayed as the agents of the school or parish see fit.

I hereby expressly grant to the school named above, its affiliated parish(es), and/or the Catholic Diocese of Peoria the right, privilege and license to use the picture or likeness of my child/children in any photograph, movie, video production or any other forms of media publication and to use the verbal or written statements or declarations of my child/children for the purpose of publicizing, fostering and promoting the school and its programs, or for any other purpose in furtherance of the mission of the school, its affiliated parish(es), and/or the Catholic Diocese of Peoria.

Name of Student(s): _____

Initials of Parent/Guardian

SKYWARD VERIFICATION FOR RETURNING FAMILIES

I have reviewed my student(s) skyward account and verified that all information is up to date.

____ Yes, information is correct and up to date. ____ I will need help to change the following:

Initials of Parent/Guardian