

## Medical Release Form

I give permission to seek any emergency care should my child be involved in any accident or be injured in any way during such events. I understand that any such instance, all attempts will be made to contact the parent/guardian. In the event that I cannot be contacted, I hereby give permission to the attending physician to hospitalize, secure treatment for, and to order injection, anesthesia, and/or surgery for my child, as named herein.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Relationship to Teen: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Parent's Place of Business/address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Relative/friend to contact if unable to reach parent/guardian in the event of emergency:

Name: \_\_\_\_\_

Relationship to Teen: \_\_\_\_\_ Phone #: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

Insurance is provided by which parent and/or place of employment? \_\_\_\_\_

Address and Phone Number of Insurance Company: \_\_\_\_\_

Group Number: \_\_\_\_\_

Special considerations to be aware of (ie: allergies, medical conditions, etc...)

Medication (and dosage) my son/daughter is currently taking:

(EITHER A PHYSICIAN'S PRESCRIPTION OR PARENT NOTE MUST ACCOMPANY ALL MEDICATIONS. PRESCRIPTION – PLEASE ATTACH NOTE TO THIS FORM.)

Please notify the Religious Education Office if insurance changes.