

**ST. ANNE & ST. JUDE CATHOLIC SCHOOL  
2018-2019**

**STUDENT MEDICAL/EMERGENCY INFORMATION AND PARENTAL PERMISSION**

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

***Insurance Verification***

Health/Accident Insurer: \_\_\_\_\_

Policy #: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Office Phone: \_\_\_\_\_

**Emergency Numbers**

In the event school personnel are unable to contact parent(s) or guardian the following person(s) should be contacted in case of an emergency.

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

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

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

**Emergency Information and Medical Treatment Consent**

I, \_\_\_\_\_, the parent or legal guardian of, \_\_\_\_\_, recognize that as a result of participation in student activities, medical treatment on an emergency basis may be necessary and further recognize that school personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then existing circumstance.

*Please make the following notations on my son/daughter's records:*

**Allergies to medications:**

\_\_\_\_\_

**Medications for long-term illness: (indicate illness & medication)**

\_\_\_\_\_

**Relevant medical information (e.g., contact lens wearer, history of family diabetes, epilepsy, heart murmur):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature of Parent or Legal Guardian**

**Date**

*It is the parents' responsibility to keep all insurance and medical/emergency information current throughout the entire school year.*

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2018-2019**

**STUDENT MEDICAL/EMERGENCY INFORMATION AND PARENTAL PERMISSION**

**PARENTAL PERMISSION AND RELEASE**

\_\_\_\_\_ is my child, and is now under my control and in my custody. I desire said child to go on any field trips, service days, and retreats and to participate in any and all activities, along with other children from St. Anne & St. Jude Catholic School during the school year 2018-2019. In consideration of said child being permitted to make such trips and take part in such activities and the instruction said child will receive by reason therefore, I hereby release and discharge, and agree to indemnify and hold harmless St. Anne & St. Jude Catholic School and its board members, teachers, employees and agents, together with any volunteer carrier of such child without compensation, from any and all liability and responsibility in connection with such trips and activities, and for any act or omission, including negligence (but not gross negligence or willful or wanton acts), resulting in death or injury to the person or property of such child.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**AUTHORIZATION AND CONSENT TO  
PROVIDE  
EMERGENCY MEDICAL CARE**

I authorize St. Anne & St. Jude Catholic School and its representatives to consent to and obtain emergency medical treatment of my child in case of any illness or injury in connection with a school activity or school trip during the school year 2018-2019, such treatments to be administered by such physicians, other medical personnel, hospitals, and/or clinics as may be selected by St. Anne & St. Jude Catholic School or its representatives.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

*It is the parents' responsibility to keep all insurance and medical/emergency information current throughout the entire school year.*