

2017 - 2018
Student Medical Record Form

Student Name _____

Birth Date: _____

Medical Information:

Medical Condition(s) : _____

Prescriptions: _____

Allergies: _____

Name of Family Physician _____ Phone: _____

Insurance Information:

Insurance Name: _____ Policy No. _____ Certificate No: _____

Parent Cell Phone(s): Mom _____ **Dad** _____

EMERGENCY CONTACT INFORMATION: In the event of an emergency/accident/illness, parents will be contacted first but if unavailable, the people listed below have the permission to be contacted and pick up my child from Faith Formation.

Name of first emergency contact: _____

Relationship: _____ Phone: _____

Name of second emergency contact: _____

Relationship: _____ Phone: _____

Name of third emergency contact: _____

Relationship: _____ Phone: _____

NAME ANYONE WHO IS RESTRAINED FROM PICKING UP YOUR CHILD: _____

Liability Release

I/We, the parent/parents and or legal guardian(s) of the above –named child, hereby request permission for my son/daughter to participate in any and all of the activities of the Roman Catholic Diocese of Owensboro and the Paducah Catholic Community Faith Formation. I/We do hereby further generally, fully, completely and absolutely hold harmless the Diocese of Owensboro and the Paducah Catholic Community Faith Formation, including but not limited to, all staff, board members, catechists and aides, leaders, volunteer drivers and chaperones from any and all liability of any kind or nature whatsoever.

In case of injury to my/our child, I/we hereby waive all claims against the parties set forth above, and further agree to fully indemnify and hold said parties harmless from any liability whatsoever. I/We likewise release from responsibility any person transporting my child to or from the activities. I/We understand the possibility of unforeseen hazards and know inherent possibility of risk. I/We believe that the subject of this release is physically and mentally capable of taking reasonable precautions to protect his/her own safety and has the maturity and judgment not to put himself/herself or others in dangerous situations.

Consent for Emergency Care

I/We, the undersigned parent/(s)/guardian do hereby request and give permission for the provision of necessary medical treatment for the above-named child. I/we understand that supervisory personnel will immediately seek to reach the above-named child's contact(s) in case of a medical emergency. If any injury/incident does occur during this event that requires transportation to a hospital or doctor, I/we give permission for a representative of the school to secure necessary medical attention. I/we further authorize any qualified physician, dentist, or hospital to render such aid/treatment that may be necessary and understand that I/we assume responsibility for the cost of any such treatment. I/we authorize the release of pertinent medical information to supervisory personnel. I/we understand that, depending upon the seriousness of the situation, my child may be transported to the nearest hospital.

X _____ Date: _____
Signature of Parent or Guardian

X _____ Date: _____
Witness