

# ST. JOSEPH CATHOLIC SCHOOL



## Emergency and Medical Treatment and Emergency Release Form 2017-2018

STUDENT INFORMATION			
Child's Name	Grade	Birthday(M/D/Y)	Social Security #
Address (include street, street number, city, state, zip code)			

EMERGENCY CONTACTS				
First and Last Name	Relationship to Child	Home Phone (include area code)	Work Phone (include area code)	Cell Phone (include area code)

MEDICATIONS—list all medications that your child is taking and what the medication is for; include over the counter medications that he or she takes on a regular basis	
Medication	Purpose

ALLERGIES—list any allergies that your child has, including food allergies (nuts, fruits, milk, etc.), allergies to bees, ants, or other insects, allergies to medications, or other allergies such as hay fever, mold, etc.	

OTHER MEDICAL CONDITIONS—list any medical conditions that your child may have such as a heart condition, epilepsy, diabetes, etc.	

DOCTORS/INSURANCE INFORMATION			
Family Physician		Phone:	
Dentist		Phone	
Insurance Carrier		Policy Number	

## Emergency Release List

**Student Name:** \_\_\_\_\_

**Student Grade (2017-2018)** \_\_\_\_\_

**Other siblings at St. Joseph Catholic School**

\_\_\_\_\_ **Grade** \_\_\_\_\_

\_\_\_\_\_ **Grade** \_\_\_\_\_

\_\_\_\_\_ **Grade** \_\_\_\_\_

\_\_\_\_\_ **Grade** \_\_\_\_\_

<b>List all individuals authorized to pick up your child from school, from sporting/extracurricular events, or during an emergency.</b>				
<i>First and Last Name</i>	<i>Relationship to Child</i>	<i>Home Phone</i>	<i>Work Phone</i>	<i>Cell Phone</i>

I, \_\_\_\_\_ (parent/guardian) give St. Joseph Catholic School and its designated representative permission to provide emergency crisis intervention, information, transportation, and authorization to sign all forms related to the necessary emergency medical treatment for \_\_\_\_\_ (name of child) if I or my designated contacts cannot be reached. I also permit any and all required medical treatment to be administered by qualified medical personnel, including calling 911.

**Parent Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Parent Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_

***I understand that if there are any changes that need to be made to the emergency list, it is my responsibility to notify the office immediately via email or in writing.***