



# Emergency Medical and Child Release Form

Student Name \_\_\_\_\_ Age as of 9/01/17 \_\_\_\_\_ DOB \_\_\_\_\_

First Person to Contact When Child Is In School: Name Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home # \_\_\_\_\_

Business name \_\_\_\_\_ Work # \_\_\_\_\_

Cell # \_\_\_\_\_ Pager # \_\_\_\_\_

Father's Name \_\_\_\_\_ Home # \_\_\_\_\_

Business name \_\_\_\_\_ Work # \_\_\_\_\_

Cell # \_\_\_\_\_ Pager # \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Practice Name \_\_\_\_\_

Address \_\_\_\_\_

Insurance Company \_\_\_\_\_ Group# \_\_\_\_\_ Policy# \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

In the past year, list any serious injury, illness, communicable disease or operation your child has had:

\_\_\_\_\_

Does your child regularly take any prescription or over the counter medication?  Yes  No  
If yes, specify \_\_\_\_\_

List known allergies and treatment: Please write not applicable if child has no known allergy

\_\_\_\_\_

Does your child require use of an inhaler or Epi-Pen for a medical condition?  Yes  No  
If yes, Please provide physician authorization to administer if in need.

Please list 3 other names and numbers that can be called if both of you cannot be reached.

1. \_\_\_\_\_ Phone # \_\_\_\_\_

2. \_\_\_\_\_ Phone # \_\_\_\_\_

3. \_\_\_\_\_ Phone # \_\_\_\_\_

Please list three additional contacts, other than the parents, who are authorized to pick up your child. Please include name, address and home/cell phone numbers.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Please be sure to verify the names and numbers above.

## Release

If emergency treatment is required, and the parents or legal guardian cannot be reached immediately, your signature in the space provided below empowers Saint Brigid Day School authorities to exercise their own judgement in calling the physician indicated above, or if not available, to transport the child to a hospital emergency room. Furthermore, by signing below you agree to be responsible for all expenses due to medical services provided for your child in case of an emergency action.

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

Date \_\_\_\_\_