

# Emergency Medical Form 2008-2009

**Family Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

List Student's Full Names	Birth date	Allergies to drugs/food	Critical Medication, blood type & Other pertinent medical information
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Does your child/youth have a physical or behavioral disability? Yes \_\_\_\_\_ No \_\_\_\_\_  
Does your child/youth receive special education services? Yes \_\_\_\_\_ No \_\_\_\_\_ If 'yes', please furnish a copy of the I.E.P.

Please state: \_\_\_\_\_

**Parent Information:** Please give all necessary information: place of employment, address of employer, work telephone number.

**Mother:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Father:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In case of an emergency, the children/youth in our program will be released only to their parent, legal guardian, or authorized adult below.

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Tel Number:** ( ) \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Tel Number:** ( ) \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Tel Number:** ( ) \_\_\_\_\_

**I have informed my child/youth that they have permission to be released to the above-named persons.**

**MY CHILD/YOUTH MAY NOT BE RELEASED TO:**

Name of Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

I authorize Religious Education personnel trained in CPR or First Aid to administer emergency medical treatment if no physician is available. (Initial one) Yes \_\_\_\_\_ No \_\_\_\_\_

May your son/daughter be treated by a physician? (Initial one) Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, which one?

Family Physician	Insurance Company	Policy #	Physician's Phone#
_____	_____	_____	_____

If you have no preference of a doctor, or because of the unavailability of your physician during a natural disaster or our inability to transport your child/youth to the physician, is the office's choice of doctor satisfactory? (Initial one) Yes \_\_\_\_\_ No \_\_\_\_\_

Do you authorize the office to transport your child/youth to a doctor in case of emergency? (Initial one) Yes \_\_\_\_\_ No \_\_\_\_\_

Upon completion of our Disaster plan, Religious Education programs will be prepared to provide for your child/youth for up to 24 hours if necessary.

Parent Signature X \_\_\_\_\_