

St. Mary's Academy Middle School
Emergency and Contact Form 2011-2012

I, parent or legal guardian of _____
a minor child, hereby give my consent for emergency medical, surgical, or dental treatment in the event of accident, injury, sickness, or other event of an emergency nature, which would require immediate treatment. I understand that St. Mary's Academy will notify me as soon as possible of its actions with regard to such treatment, as soon as circumstances permit. I acknowledge that my student's medical information may be shared with appropriate medical staff when necessary in compliance with HIPPA (Health Insurance Portability and Accountability Act) regulations.

I hereby release St. Mary's Academy and its employees, including faculty, staff and maintenance personnel, from any liability by reason of the exercise of emergency medical, surgical, or dental treatment pursuant to this release, except liability for bad faith in the exercise thereof. I further understand that there is no limitation to the treatment that may be used, as long as it is within the standards of generally accepted medical, surgical or dental practice, and I have listed below any limitations with respect to prohibitions of treatment, specific allergies, drugs, etc.:

Student's Medical Information

Known Chronic Illnesses and Recent Injuries:

Allergies:

Medications/Other:

Family Doctor:

Telephone:

Medical Insurance Carrier:

Insured Member's Name:

Policy Number:

Hospital Preference:

Telephone:

X

X

Father's/legal guardian signature

Mother's/legal guardian signature

Print Name:

Print Name:

Work #:

Work #:

Home #:

Home #:

Cell Phone:

Cell Phone:

Address:

Address:

City/State/Zip:

City/State/Zip:

Email address:

Email address:

If unable to contact either parent/guardian, please contact: (list two)

** I grant permission for my child to take one Tylenol or one ibuprofen when needed administered by an adult in the Middle School office. I release St. Mary's Academy from responsibility for any adverse consequences that may result when this procedure is followed.*

Signature: _____ Date: _____

