

DATE _____
BIRTHDAY _____

LOWER SCHOOL
GRADE _____

2011/2012

PARENTAL MEDICAL AND SURGICAL RELEASE

I, as parent or legal guardian of _____, a minor child, hereby give my consent to emergency medical, surgical, or dental treatment of _____ 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, and that St. Mary's will attempt to reach me prior to such treatment if circumstances permit.

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 of _____ 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 hereunder any limitations thereto with respect to same concerning _____ (such as prohibitions to treatment, specific allergies, drugs, etc.)

Father's signature (or legal guardian)

Mother's signature (or legal guardian)

Father's home phone _____

Mother's home phone _____

work phone _____

work phone _____

cell phone _____

cell phone _____

Student's home address _____

If unable to contact either parent, please contact

Telephone: _____

STUDENT'S MEDICAL INFORMATION

Known Chronic Illnesses and Recent Injuries _____

Medications _____

Family Doctor _____ Telephone: _____

Medical Insurance Carrier _____

Insured Member's Name _____ Policy Number: _____

Hospital Preference _____ Telephone: _____