

2012-2013 SAINT VIATOR HIGH SCHOOL EMERGENCY TREATMENT RELEASE FORM

*** PLEASE RETURN TO SAINT VIATOR HIGH SCHOOL NO LATER THAN **JULY 15th** ***

Student #1*
Last Name: _____ First: _____ Class of (Circle) 13, 14, 15, 16 Allergies/ Illnesses _____ Medications _____

Student #2*
Last Name: _____ First: _____ Class of (Circle) 13, 14, 15, 16 Allergies/ Illnesses _____ Medications _____

Student #3*
Last Name: _____ First: _____ Class of (Circle) 13, 14, 15, 16 Allergies/ Illnesses _____ Medications _____

Student Home Address: _____ City: _____ Zip: _____ Home Tele: _____

Father's Last Name: _____ First Name: _____ Employer: _____ Work Tele: _____ Cell Tele: _____

Mother's Last Name: _____ First Name: _____ Employer: _____ Work Tele: _____ Cell Tele: _____

Health Insurance Company: _____ Policy # _____ ID# _____

Student's Physician: _____ Name _____ Address _____ Tele: _____

Student's Dentist: _____ Name _____ Address _____ Tele: _____

IMPORTANT: EMERGENCY CONTACTS

Name #1 _____ Relationship: _____ Tele: _____ Cell Tele: _____

Name #2 _____ Relationship: _____ Tele: _____ Cell Tele: _____

1. My student(s) may take non-prescription medication such as generic Tylenol/Advil under staff supervision. (Circle) YES NO

2. Please list my student(s) full information in the student directory (Circle) YES NO

3. List name and class only for my student (Circle) YES NO

1. My student(s) may use the internet for educational use. (Circle) YES NO

As a parent and/or guardian, I do herewith authorize the treatment by a qualified and licensed medical professional of the minor named below in the event of a medical emergency which, in the opinion of the attending medical professional, may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after reasonable effort has been made to reach me. This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Parent/Guardian Name (Please Print) _____ Signature _____ Date _____