



Emergency Medical Treatment Release Form

Required by all Parents/Guardians of Children Attending St. Mary Catholic School

A health form must accompany this form.

Student Information:

Child's Name (First Student): _____

Child's Name (Second Student): _____

Child's Name (Third Student): _____

Child's Name (Fourth Student): _____

Address: _____ Phone Number: _____

Parents/Legal Guardians Information:

Father's Name: _____ Home Phone Number: _____

Home Address: _____ Cell Phone Number: _____

Work Address: _____ Work Phone Number: _____

Mother's Name: _____ Home Phone Number: _____

Home Address: _____ Cell Phone Number: _____

Work Address: _____ Work Phone Number: _____

Student Health Information:

Family Physician: _____ Phone Number: _____

Address: _____

Is the student listed in good health? #1 Yes No #2 Yes No #3 Yes No #4 Yes No

Date of last Tetanus Shot: #1 ___/___/___ #2 ___/___/___ #3 ___/___/___ #4 ___/___/___

List allergies, medications or restrictions, by student: _____

Health Insurance Information:

Company: _____ Policy Number: _____

Group: _____ Contract Number: _____

Hospital Preference: _____

A neighbor or close relative who will assume care of your child if you cannot be reached:

Name: _____ Phone Number: _____

Address: _____ Relationship: _____