

PLEASE MAKE NOTE OF ANY NECESSARY INFORMATION THE OFFICE NEEDS TO KNOW ABOUT YOUR CHILD/REN: i.e. ON MEDICATION FOR ATTENTION DEFICIT DISORDER, ALLERGIES, HEARING PROBLEM, HAS LEARNING PROBLEMS HAS INDIVIDUALIZED EDUCATION PROGRAM (I.E.P.), AUTISTIC, VISION PROBLEMS, ETC.

EMERGENCY MEDICAL PERMISSION CONSENT FORM

In the event the parents and / or guardians cannot be contacted in case of serious injury or illness, I authorize Immaculate Conception Parish to take such emergency action as may be deemed necessary; including transportation of the student to a hospital or medical center.

I understand I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In the case of a medical emergency, I understand that every effort will be made to contact me the parent/guardian of the below named minor. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery if deemed necessary for my child.

Child/ren's Names: _____

Signature of Parent/Guardian: _____ Date: _____

Parent's Home Phone: _____

Parent's Cell Phone: _____

Allergic to medication/other? NO YES (circle one)

If YES, please describe: _____

Medication(s) presently taking: _____

Insurance Information

Policy in the name of: _____

Insurance Company: _____ Policy Number: _____

Authorized Physician: _____ Phone #: _____

Videotaping & Still Photographs

Video and still photos will be taken at times during the year (in the classroom, at retreats, during prayer services...). Registration constitutes permission for possible participation in videotape and/or still photographs. These may be used in our monthly newsletters, the bulletin, the newspaper or on our webpage. *Children's names will not be used on the webpage.*