

Emergency Information and Medical Treatment Consent

(To be completed by parent)

Student's Full Legal Name _____ Age ____ Birthday _____ Entering Grade _____
Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Social Security _____

Father's Name _____ Place of Employment _____

Work Phone _____ Ext _____ Mobile Phone _____ Pager _____

Mother's Name _____ Place of Employment _____

Work Phone _____ Ext _____ Mobile Phone _____ Pager _____

Special Instructions for Pager _____

Persons to contact if parents are unavailable:

1. _____ Work # _____ Home # _____ Relationship _____

2. _____ Work # _____ Home # _____ Relationship _____

Family Physician _____

Hospital of Preference _____

MEDICAL HISTORY

Immunizations required for admission by State Law (to be completed *in full* at time of registration)

Are your child's immunizations fully completed and currently up-to-date? Yes No

Important: What is the date of your child's last ten-year DT booster? _____

(This ten-year booster is usually due between 14-16 years of age)

Is there a history of any chronic physical health problems or any type of emotional/behavioral disorders that would affect the student's learning style? If so, please explain:

Does the student take any regular medication? Yes No

Is he/she required to take this medication at school? Yes No

Will your child require preferential classroom seating for any of these conditions? Yes No

Orthopedic Injury or Weakness: Does your child have a history of any type of orthopedic problems or specific injuries (past or present) that may present limitations or problems when participating in any athletic/PE activities. If so, please explain:

Do you give the Bishop Ward staff permission to give Tylenol/Advil if necessary?

I, _____ the parent or guardian of the above named, recognize that as a result of the athletic participation or other school related activity, medical treatment on an emergency basis may be necessary and further recognize that school personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may deemed necessary under the then existing circumstances. I also give my consent for my son/daughter to accompany the team on trips and will not hold the school responsible in case of accident or injury, whether it be enroute to or from another school or during practice or an interscholastic contest.

Signature of Parent/Guardian _____ Date _____