

ST. BERNARD'S MEDICAL INFORMATION AND RELEASE FORM

Please Print

Student: _____ Date Of Birth ___/___/___ Age ___ Sex ___
(Last Name) (First Name) (Initial)

Address _____ City _____ Zip _____ Grade _____

Parent / Guardian: _____ Phone: _____

Other Emergency Contact: _____ Phone: _____

Other Information Social Security #: _____ Date of Last Tetanus Booster: _____

***** **List any allergies:** _____

List any medications being taken at this time: _____

List any medical conditions / pertinent health information we should be aware of: _____

MEDICAL RELEASE

I / We, the undersigned parent(s) or legal guardian(s) of (child's name) _____ do hereby authorize any x-ray examination, anesthetic, dental, medical or surgical diagnosis or treatment by any licensed physician or dentist and / or hospital service that may be rendered to said minor under the general, specific or special request of Reverend Bernard Jewitt, Reverend Patrick Eastman, Chad Taber, or Sharon Lechtenberg. This consent will remain effective from August 15, 2001 until August 15, 2002. I understand that every precaution will be take to ensure my daughter / son / ward's safety. Should an accident occur, I will not hold St. Bernard's Parish or the Diocese of Tulsa or its paid staff or volunteer staff responsible. Further, I understand that attempts will be made to immediately contact me should an accident occur. If the parish is unable to contact me, I understand that an ambulance or emergency personnel will be notified. Payment for medical emergencies is the responsibility of the parent / guardian.

Signature of Parent / Guardian: _____ Date: _____

In case of an emergency and parents / guardians cannot be reached, an ambulance or emergency personnel will be notified. Payment for medical emergencies is the responsibility of the parents / guardians.

Signature of Parent / Guardian: _____ Date: _____

INSURANCE / PHYSICIAN INFORMATION

Physician's Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Insurance Carrier: _____ Policy Number: _____

*Please fill out the Prescription Medication Form if your child
will need to take medication during the Religious Education Classes,
and attach it to this form.*