



# Saint Mary's Catholic School

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## MEDICAL CONSENT TO TREAT 2010-2011

*(This annual form is for general office use and is not event specific. A similar version of this form will be required for any out of town or overnight school trips for each specific event)*

To the best of my knowledge, my child, \_\_\_\_\_, is in good health, and I assume all responsibility for the health of my child. In the event of an emergency, I give permission to transport my child to a hospital and seek emergency treatment. I wish to be contacted as soon as possible in any emergency care necessary.

General student information:

AGE: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

PRIMARY CARE PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

If you are unable to reach me, please contact:

\_\_\_\_\_  
Name Relationship to student Area Code & Phone

***Please attach a copy of your insurance card (both front & back).***

\_\_\_\_\_  
Insurance Carrier Policy Number Insurance ID Number

***Please fill in the following as it pertains to your child:***

My son/daughter is taking the following medications (list name of medication, dosage, frequency and any other important directions): \_\_\_\_\_

My son/daughter is up-to-date and current with their immunizations:  YES  NO

My son/daughter is allergic to the following: \_\_\_\_\_

My son/daughter has the following limitations or special needs: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Legal Guardian Date

REVISED 03/10

*Providing quality education in a Christian setting since 1948.*