



Family Last Name: _____

Statement of Medical Release

Family Medical Information in the Event of an Emergency

	Father	Mother
Name		
Home Phone		
Work Phone		
Cell Phone		
Custodial Parent?	Yes No	Yes No

In case of an emergency, parents will be called first. If you are unavailable, please name an adult who will assume responsibility for your child.

Name: _____

Home Phone: _____ Cell: _____ Work: _____

Relationship to your children: _____

Health Insurance Information

Health Insurance Company: _____

Group #: _____ Policy #: _____

Contact Person: _____

Family Physician: _____ Phone: _____

Child(ren)'s Health Information

Child #1 Full Name: _____ Gender: M F Grade: _____

List allergies, medication, medical alerts, disabilities, etc. below:

Child #2 Full Name: _____ Gender: M F Grade: _____

List allergies, medication, medical alerts, disabilities, etc. below:

Child #3 Full Name: _____ Gender: M F Grade: _____

List allergies, medication, medical alerts, disabilities, etc. below:

Child #4 Full Name: _____ Gender: M F Grade: _____

List allergies, medication, medical alerts, disabilities, etc. below:

To Whom It May Concern: As the parent/guardian, I do hereby authorize first aid/medical treatment of my child(ren) listed above in the event of an emergency which may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. It is understood that efforts will be made to reach me as soon as reasonably possible. In the event that the aforementioned required my authorization for treatment and I cannot be reached in an emergency, I hereby give my permission to the PHYSICIAN selected by the activity leader to secure medical treatment for the aforementioned as deemed necessary. I understand all reasonable safety precautions will be taken at all times by the school or parish and its agents during IHM school times and sponsored programs. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Immaculate Heart of Mary Parish/School, its leaders, employees, drivers, volunteers or the Roman Catholic Diocese of Grand Rapids liable for damages, losses, diseases, or injuries incurred by the aforementioned.

Parent/Guardian Signature: _____ Date: _____