The following form is absolutely mandatory in an emergency and MUST be turned in before the first day of school or we do not have the authority to treat and care for your sick child.

A **very important area on the form** is the section where parents list persons who are authorized to pick up their children in the event the parents are unable to be reached. Please make sure that the persons listed are available (at the phone numbers you list), live within 20 minutes of the school, and are able to come to school to pick up your child when contacted. It is in your child's best interest to be resting at home or seeking medical attention as soon as possible.

Emergencies can happen – even on the first day of school. For your child's well-being and safety, please fill out the form:

COMPLETELY and **ACCURATELY** as possible.

Information/Medical Authorization Form

St. Mary School

Information will only be shared with appropriate school and medical personnel.

Student: _____ Grade: _____

Phone: _____ Birthdate: _____

Address: _____ City: _____ Zip: _____

Father/Guardian Custody: ☐ Y ☐ N	Mother/Guardian Custody: ☐ Y ☐ N
Name:	Name:
Address:	Address:
Email:	Email:
Cell Phone:	Cell Phone:
Work Place: City:	Work Place: City:
Work Phone:	Work Phone:

Health Information: Please list any allergies, health concerns, and medications. Specify the type of reaction or emergency.

Allergies: _____	Medications (reason for taking): _____
_____	_____
_____	_____

Consent for medical treatment in case of injury and unable to contact parent/guardian.

Doctor: _____	Dentist: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Medical Specialist: _____	Preferred Hospital: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Hospital: _____	Insurance Carrier: _____

Consent for medical treatment in case of injury and parent/guardian cannot be contacted.

In the event reasonable attempts to contact parent/guardian at one of these numbers: _____ or _____, I hereby give consent for the administration of any treatment deemed necessary by Dr. _____ (preferred physician) or by Dr. _____ (preferred dentist), or In the event the designated practitioner is not available, by another licensed physician or dentist; and to the transfer of the child to _____ (preferred hospital or any other hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists concurring the necessity for such surgery, are obtained before the surgery is performed.

Custodial Parent or Legal Guardian must sign X _____ Date _____

Please complete all pages.

Information/Medical Authorization Form

St. Mary School

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Authorized Third Party consent for medical treatment in case of injury and parent/guardian cannot be contacted.

Name: _____	Relationship:_____	Phone:_____
Name: _____	Relationship:_____	Phone:_____
Name: _____	Relationship:_____	Phone:_____

Refusal of Consent for Medical Treatment

I DO NOT give my consent for emergency medical treatment of my child. Therefore, I will not hold St. Mary School, teachers, nurse, principal, or any employee or volunteer, St. Mary Church, or the Cleveland Catholic Diocese liable for not seeking medical treatment for my child.
In case of illness or injury requiring emergency medical treatment, I wish the school authorities to take **NO ACTION** or to: _____

_____

Custodial Parent or Legal Guardian must sign: X _____ Date_____

Authorized Pick Up in the event parent/guardian is unavailable. Please list current phone numbers.

Name: _____	Relationship:_____	Phone:_____
Name: _____	Relationship:_____	Phone:_____
Name: _____	Relationship:_____	Phone:_____

Please complete all pages.