2017-2018 SAINT JOHN CATHOLIC SCHOOL

FIELD TRIP/ACTIVITIES – EMERGENCY MEDICAL FORM

PARENTAL PERMISSION:

I grant permission for _____
to participate in field trips/excursions supervised by school officials during the school year. I do hereby authorize any x-ray examination, anesthetic, dental, medical, surgical diagnosis, or treatment by any physician or dentist licensed by the state in which the field trip/excursion occurs and hospital service that may be rendered to the above named student under the general, specific, or special consent of supervising school officials. This authorizes St. John Catholic School to secure emergency medical care for my child when I/we cannot be immediately reached at the time of an emergency. I/we will be responsible for the emergency medical charges upon receipt of the statement. The preferred doctor/clinic/hospital is: (include both Bartlesville and Tulsa). I understand that if my child is cut while at school, the office staff may apply antibiotic ointment on the cut before applying a bandage.

_____

Hospitals Insurance Company

_____

Name of Parent/Guardian

_____

Signature of Parent/Guardian

MEDICAL DATA:

Student's Name: _____

Grade _____ Date of Birth _____ Sex _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____(Mother)
Cell Phone _____(Mom) Work Phone _____(Father)
Cell Phone _____(Dad) email address _____

_____

Family Physician Office Phone Home Phone

*****please complete back of this form also**

My child has been treated by a physician during the past 36 months for the following (please check):

Asthma_____	Hypertension_____	Depression_____
Rheumatic Fever _____	Epilepsy _____	Severe Headache _____
Diabetes _____	ADD/ADHD_____	

Other: _____

Please list all medications taken regularly by your child:_____

_____

My child is allergic to: _____

Date of last tetanus injection: _____

My child is currently under medical treatment. Reason: _____

_____

Special health problems or comments: _____

List those persons authorized to pick up your child:

Name _____ Phone (h)_____

(w)_____

Name _____ Phone (h)_____

(w)_____

Name _____ Phone (h)_____

(w)_____

PHOTO RELEASE: Your signature gives permission for the Diocese of Tulsa to use photographs of your child.

I hereby consent that the photographs, videotapes, and or motion picture film in which my child appears and/or audio recordings made of my child's voice may be used by the Diocese of Tulsa and its assigns in whatever way they may desire, including television; I consent that any such photographs, films and recordings, and the plates and/or tapes from which they are made shall be their property, and they shall have the right to duplicate and reproduce, and make other such use of said photographs as they may desire without any claim on my part.
Signature must be in ink.

Parent/Guardian Signature _____ Date _____