Return by August 1 to SMA

St. Mary's Academy

Emergency & Contact Form 2016-2017

Student Name: _____ **Date of Birth:** _____ **Grade:** _____

I, parent or legal guardian of _____, a minor child, hereby give my consent for emergency medical, surgical, or dental treatment in the event of accident, injury, sickness, or other event of an emergency nature, which would require immediate treatment. I understand that St. Mary's Academy will notify me as soon as possible of its actions with regard to such treatment, as soon as circumstances permit. I acknowledge that my student's medical information may be shared with appropriate medical staff when necessary in compliance with HIPPA (Health Insurance Portability and Accountability Act) regulations.

I hereby release St. Mary's Academy and its employees, including faculty, staff and maintenance personnel, from any liability by reason of the exercise of emergency medical, surgical, or dental treatment pursuant to this release, except liability for bad faith in the exercise thereof. I further understand that there is no limitation to the treatment that may be used, as long as it is within the standards of generally accepted medical, surgical or dental practice, and I have listed below any limitations with respect to prohibitions of treatment, specific allergies, drugs, etc.

_____	_____
Father's Signature (or legal guardian)	**Mother's Signature (or legal guardian)**
_____	_____
Cell Phone Number	**Cell Phone Number**
_____	_____
Home Phone Work Phone	**Home Phone Work Phone**
_____	_____
Address	**Address**
_____	_____
City/State/Zip	**City/State/Zip**
_____	_____
E-mail Address	**E-mail Address**

If unable to contact either parent, please contact:

_____	_____
Name	**Phone**
_____	_____
Name	**Phone**

Known Allergies, Chronic Illnesses and Recent Injuries: _____

Medications/ Other: _____

_____	_____
Medical Insurance Carrier	**Family Doctor**
_____	_____
Insured Member's Name	**Phone**
_____	_____
Policy Number	**Hospital Preference**

I grant permission for my child to take Tylenol/Iburprofen when needed, in the recommended dosage, administered by an adult in the division office. I release St. Mary's Academy from responsibilty for any adverse consequences which may result when this procedure is followed.

_____	_____
Parent Signature	**Date**

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