



**STUDENT MEDICAL INFORMATION & EMERGENCY FORM**

**Student/Minor:**

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

**Student/Minor's Regular Physician:**

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**Medical Conditions:**

Please list any medical conditions of the student/minor (asthma, diabetes, epilepsy, etc.): \_\_\_\_\_

\_\_\_\_\_

List any allergies or allergic reactions to medications of the student/minor: \_\_\_\_\_

\_\_\_\_\_

List any medications the student/minor is presently taking: \_\_\_\_\_

\_\_\_\_\_

Other pertinent medical information: \_\_\_\_\_

\_\_\_\_\_

Date of student/minor's most recent tetanus shot: \_\_\_\_\_

Name of Primary Physician: \_\_\_\_\_ Physician's Phone #: (\_\_\_\_) \_\_\_\_\_

**Medical Insurance Information:**

Company: \_\_\_\_\_

Plan Number: \_\_\_\_\_ Employee Identification #: \_\_\_\_\_

**Emergency contacts:**

*Parent or Guardian*

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

*Other Contact*

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Relationship (friend, neighbor, coworker, etc.): \_\_\_\_\_

**Authorization for Emergency Medical Treatment**

This information will be kept in the possession of the parish. A copy will be distributed to the person in charge of each trip or athletic activity in which the student/minor participates. Should the need arise this information will be given to the proper medical authorities.

I, \_\_\_\_\_ [parent/guardian], understand that in the case of illness or injury to my child, \_\_\_\_\_ [child's name], the parish will try to notify me or the person I have listed above as an emergency contact. In case of medical emergency concerning my child, at a time when I or my listed emergency contact cannot be notified, I grant full power to the parish to 1) arrange for the transportation of my child, whether by ambulance or otherwise, to a proper facility where emergency medical treatment would normally be administered, including but not limited to, an emergency room of a hospital, a doctor's office, or a medical clinic; and 2) sign releases as may be required in order to obtain any medical or surgical treatment as is required in the judgment of medical authorities at the facility.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/ Guardian

\_\_\_\_\_  
Printed Name of Parent /Guardian

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Date:

**CATHOLIC DIOCESE OF PEORIA PUBLICITY FORM  
SUMMER 2017**

On occasion, the department named above takes photographs or makes an audio or video recording of children and/or adults involved in parish activities. Such photographs or video records may be used by staff and participants to remember the activities or participants. In addition, such photographs and audio/visual recordings may be used in parish publications or advertising materials to let others know about the parish. Also, local news organizations may learn about the parish's activities or events, and the parish may invite or allow them to photograph or record such events to be used, distributed, or displayed as the agents of the parish see fit.

I hereby expressly grant to the parish named above and/or the Diocese of Peoria the right, privilege and license to use the picture or likeness of my child/children in any photograph, movie, video production or any other forms of media publication and to use the verbal or written statements or declarations of my child/children for the purpose of publicizing, fostering and promoting the parish and its programs, or for any other purpose in furtherance of the mission of the parish and/or the Diocese of Peoria.

Name of Student(s): \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date