



EMERGENCY HEALTH INFORMATION

SAINT JOSEPH NOTRE DAME HIGH SCHOOL

Student Name First Middle Last Birthdate Grade

Address City Zip

Father/Guardian Name First Middle Last

Home Phone Cell Phone Work Phone

Mother/Guardian Name First Middle Last

Home Phone Cell Phone Work Phone

Relative, friend, or neighbor who is authorized by parent/guardian, to pick up child if parent cannot be reached:

Name: Relationship Day Phone

Name: Relationship Day Phone

Medical Insurance: Name ID #

I understand that the school does not assume responsibility for payment of a physician in any case. However, in an emergency, the school may choose a physician.

Parent/Guardian Signature Date

Doctor Phone

Dentist Phone

Is your child allergic to any:

Drugs? Yes No If yes, what? Foods? Yes No If yes, what?

Other (bee stings, etc...)? Yes No If yes, what?

Does your child have any chronic illness (asthma, diabetes, epilepsy, etc...)? Yes No If yes, what?

Does your child take any medicines on a regular basis? Yes No If yes, what and what for?

CONSENT FOR TREATMENT

(I) (We), the undersigned parent(s) or legal guardians of, a minor, do hereby authorize a representative of Saint Joseph Notre Dame High School as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care that is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the California Medicine Practice Act, on the medical staff of an accredited hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of the above-mentioned agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care that the above mentioned physician in the exercise of his or her best judgment may deem advisable.

This authorization shall remain effective for one year, unless sooner revoked in writing and delivered to the above-mentioned agent(s).

Mother/Guardian Signature Date

Father/Guardian Signature Date

Legal Guardian Signature Date

All lines of this form must be completed.