

STANDARD MEDICAL RELEASE FORM

The following information will allow any Notre Dame School representative (teacher/coach) to make adequate provision for the possibility of a medical emergency arising during any Notre Dame School activity.

Student Name: _____

Parent Name & Home Phone: _____

Work Numbers: _____
(Father's Number) (Mother's Number)

Cell Phone Numbers: _____

EMERGENCY CONTACT: Name and phone number of two (2) people whom you are reasonably sure that we can contact at any time in case of emergency.

Name _____ Relationship _____ Phone _____

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INSURANCE:

Name of Insurance Company: _____

Policy Number: _____

NAME AND ADDRESS OF FAMILY PHYSICIAN:

Name: _____

Address: _____

Phone: _____

DRUG SENSITIVITIES OR PHYSICAL LIMITATIONS/PRE-EXISTING CONDITIONS:

Food or Drugs: _____

Physical Limitations: _____

Pre-existing Conditions: _____

MEDICAL CONSENT/AUTHORIZATION:

In case of accident or serious illness, I request that the Notre Dame School representative will contact me immediately. If I am unreachable, I hereby authorize said Notre Dame School representative to seek emergency medical treatment with a health care dispenser or hospital or initially by the Notre Dame Representative, if necessary.

Parent's Signature: _____

Date: _____