

**St. Joan of Arc Catholic Church Student Emergency Data
Annual Medical Release Form 2018-2019**

Student's Name: _____ Sex: F / M

Name of Parent/Guardian: _____

Insurance Company: _____

Policy Holder's Name: _____

Participant's relationship to Policy Holder: _____

Policy Number: _____

IN CASE OF EMERGENCY NOTIFY: _____

Home phone: (____) _____ Work Phone: (____) _____

Cell phone: (____) _____

MEDICAL INFORMATION: Does your son/daughter have any of the following conditions we need to be aware of in Religious Education?

Learning disabilities?	No _____ Yes _____	Specify
Chronic Condition/illness?	No _____ Yes _____	Specify
Food allergies?	No _____ Yes _____	Specify
Other allergies?	No _____ Yes _____	Specify
On regular/daily medication?	No _____ Yes _____	Specify

Does your child carry and Epi-Pen or have medication of any type with them?

If necessary please use a second sheet of paper with more details as deemed necessary.

In the event of any emergency, I give authority to the accompanying adults to authorize treatment. I understand that an attempt to notify me will be made before any treatment is authorized.

Parent/Guardian Signature

Date