



ST. ANN SCHOOL

**Medical Treatment Release for** (student name) \_\_\_\_\_

As a parent/guardian, I do hereby authorize the treatment by a qualified and licensed Medical Doctor in an emergency, which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Reason for which release is intended: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician Address: \_\_\_\_\_ City: \_\_\_\_\_

**Health Information:** Please list any allergies (including food), medication or medical problems your child may have.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Health Insurance Data:**

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

Group: \_\_\_\_\_ Contract: \_\_\_\_\_

**Media Release - YES NO** (circle one)

My child/children may appear in picture/voice on various occasions when our school children are invited to participate in videotape, pictures in the yearbook, newspaper articles, T.V. or other media.

**Parish Data**

We are registered members of \_\_\_\_\_ Parish.

We attend \_\_\_\_\_ Parish.

We live within the boundaries of this Parish: \_\_\_\_\_ Yes \_\_\_\_\_ No

My child is a: Walker Car rider Bus rider on Bus # \_\_\_\_\_

I understand the rights and responsibilities pertaining to students and agree to support and abide by all rules, guidelines, procedures and policies of St. Ann School. I also understand that it is my responsibility to update my child's information if any changes occur during the school year.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_