

MARY IMMACULATE & ST. ROSE PARISHES
Student Medical Records & Emergency Guidelines (revised 8/08)

Family Name: _____

Reviewed by: Pat Chris

Program/s entrance date: _____

Please list **full name and birth date of each child or youth** enrolled in Youth Ministry, PSR (Parish School of Religion) or Home School Religious Education.

Full Name	Birth (day/mo/yr)	Full Name	Birth (day/mo/yr)
1.		5.	
2.		6.	
3.		7.	
4.		8.	

This information will be kept on file for emergency needs and updated accordingly.

Primary Contact Person & Phone #: _____

Emergency Contact & Phone #: _____

Relationship of contact person: _____

MEDICAL INFORMATION

Primary physician: _____ Phone: _____

Allergies (esp. food):

Special medical considerations:

Medications we should be aware of:

AUTHORIZATION FOR PARISH OFFICIALS IN CASE OF EMERGENCY

If parents and the authorized physician named above, cannot be reached, and if immediate observation and treatment is urgent in the judgement of designated parish leadership, do you authorize and direct us to send the child (properly accompanied) to the hospital or doctor most easily reached?

Please write YES or NO: _____ **Date:** _____

Parent/Guardian signature: _____

Please feel free to add comments on the reverse side of this form.