St. Catherine Catholic School

Universal Medical Information/Emergency Contact Release and Consent Form

School Year:_____

Grade:_____Teacher: _____

_____

Name of Student (Last, First, Middle)

Student Address:

_____

Street Apartment

_____

City State Zip

Home Telephone: (_____)_____

Siblings at school:

_____

Name Grade Teacher

_____

Name Grade Teacher

Student lives with (check all that applies):

_____Mother
_____Father
_____Guardian(s) (specify):_____

_____**Father's** _____**Legal Guardian's Information:**

_____

Name (Last, First)

Work Address:

_____

Street City State Zip

Home Address (If Different from child's):

_____

Street City State Zip

Home Phone (If Different from child's): (_____)_____

Work Telephone: (_____)_____Mobile phone: (____)_____

_____Mother's _____Joint Legal Guardian's Information:

_____

Name (Last, First)

Work Address:

_____

Street City State Zip

Home Address (If Different from Child's):

_____

Street City State Zip

Home Phone (If Different from child's: (_____)_____

Work Telephone :(_____)_____Mobile phone: (____)_____

Emergency Contacts:
Name and Address **Telephone Number(s)**

1. _____

2. _____

3. _____

4. _____

Student Medical Information:
Primary Physician:

_____

Name

_____

Address Telephone

Emergency Physician:

_____

Name

_____

Address Telephone

Medical Conditions: (e.g., diabetes, epilepsy, heart conditions, etc.)

_____

_____

Disabilities:_____

Allergies: (e.g., hay fever, strawberries, peanuts, etc.)_____

_____

Medications:_____

Allergies to Medications:_____

Medicines to be Self-Administered by the Child: (See Below):_____

_____

Dosage:_____ Frequency:_____

Medicines to be administered by the School (IF parents/guardians and school both agree that school shall do so; see below): epinephrine injection (Epi-Pen).

_____

Dosage:_____ Frequency:_____

CONSENT TO TREATMENT OF CHILD AND HANDLING OF CONFIDENTIAL INFORMATION

I am a parent or legal guardian of _____, ("my child") who is a student at **St. Catherine Catholic School**. I have read, understood and consent to the following concerning my child:

1. **First-Aid/Emergency Treatment:** Without limiting other emergency powers that may be provided by law; I authorize school personnel to administer first-aid to my child if the school administration deems it necessary and appropriate to preserve the life, limb or well-being of my child. If the school administration believes, in its sole discretion, that a medical necessity exists beyond that which can reasonably be dealt with on school grounds by school personnel, I authorize the school to contact and engage qualified medical personnel and arrange for emergency treatment of my child, including transportation either by school staff or by professional transport for medical, dental, surgical or hospital care or diagnosis, and I consent to that treatment for my child. Arrangements for treatment will be made in the following order of priority: 1) The "emergency physician" listed above; 2) the "primary physician" listed above; 3) another physician or health-care professional licensed by the State of California. I understand and agree that I will be financially responsible for any such medical treatment.

2. **Medical Supervision/Administration of Medicines:** I understand that the school is not legally obligated to store or administer medication for students and will not do so, either on a temporary or ongoing basis, except by special agreement. If I have indicated, by signing this paragraph below, that the school may administer **epinephrine injection (Epi-Pen)** to my child, and if the school has agreed to administer **epinephrine injection (Epi-Pen)** by signing this

paragraph below, I authorize the school to administer the **epinephrine injection (Epi-Pen)** listed on this form, as indicated, but recognize that the school does not thereby undertake any ongoing duty to administer drugs or medicine, or to supervise or participate in any self-medication or medical program or ongoing, routine or non-emergency needs of my child, all of which remain my responsibility. Before any medication is given by the school, I will provide those medications in their original pharmacy containers, with the child's name and doctor's instructions on the label, and I will provide a written, signed authorization from a physician, including complete instructions.

NOTE: ALL MEDICINES TO BE TAKEN ON SCHOOL GROUNDS, WHETHER SELF-ADMINISTERED OR ADMINISTERED BY THE SCHOOL (IF SCHOOL AGREES TO DO SO), MUST BE ARRANGED FOR IN ADVANCE, AND MUST BE PROVIDED IN THEIR ORIGINAL PHARMACY CONTAINER, INCLUDING THE CHILD'S NAME AND DOCTOR'S INSTRUCTIONS.

THE SCHOOL WILL NOT ADMINISTER MEDICINES UNLESS A PHYSICIAN'S WRITTEN AND SIGNED AUTHORIZATION, INCLUDING COMPLETE INSTRUCTIONS, IS ATTACHED TO THIS FORM

In consideration of the arrangement indicated in this paragraph, the undersigned hereby releases and discharges the Diocese of San Jose, its constituent organizations, including but not limited to The Roman Catholic Welfare Corporation, the Department of Education and **St. Catherine Catholic School**, and their respective officers, agents and employees (the "Diocese") for any and all claims for personal injuries or property damage that I or my child may suffer as a result of this arrangement whether or not such injuries or damages be caused by the negligence (whether active or passive) of any of the entities or individuals named or described above, excepting only injuries or damage resulting from Diocese's willful misconduct. I authorize and request the school to administer the above medications to my child on these terms.

_____

Signature of Parent/Legal Guardian

3. **Release of Student to Qualified Emergency/Medical Personnel and Third Parties:** Without limiting other emergency powers as may be allowed by law, in the event of disaster or medical necessity involving the life, limb or well-being of my child in which it is necessary in the opinion of the school administration to transport my child from school property, or if it is necessary to evacuate the school grounds, the school will make a reasonable effort (in view of the nature of the necessity) to first contact a parent or legal guardian. If no parent/legal guardian is available, I authorize the school to release my child into the custody of third parties for the purpose of transporting my child from school grounds and arranging for such care as my child may need, in the following order of priority: 1) the persons listed above as emergency contacts; 2) qualified medical/emergency professionals; 3) another responsible adult.

4. **Gathering, Use and Release of Medical Information:** Without limiting other emergency powers that may be provided by law, in the event of disaster or medical emergency, I specifically authorize the gathering, use and release to, from, and among the school personnel and to, from and among any medical

professionals, of any medical information reasonably necessary to provide emergency medical care and otherwise ensure the life, limb and well-being of my child, including without limitation, the information contained in this form, until I can reasonably be notified and take custody of my child. I understand that this information will be requested, gathered and/or released only for the purpose of providing first-aid or emergency medical care necessary in the absence of a parent or legal guardian, or as otherwise allowed by law.

5. **General Terms of Parental Consent:**

   CONFIDENTIAL MEDICAL OR EDUCATIONAL INFORMATION AS SET FORTH IN THIS FORM WILL BE GATHERED, USED AND DISSEMINATED ONLY BY THE PERSONS AND ONLY FOR THE PURPOSES SET FORTH HEREIN, OR AS OTHERWISE ALLOWED BY LAW.

   THIS AUTHORIZATION IS EFFECTIVE ONLY FOR THE SCHOOL YEAR LISTED ABOVE, AND WILL EXPIRE ON JUNE 7, 2012. IT MAY BE REVOKED AT ANY TIME BY A WRITING SIGNED BY EITHER PARTY. IF REVOKED, THE SCHOOL RESERVES THE RIGHT TO SUSPEND OR TERMINATE THE ATTENDANCE OF THE CHILD AT THE SCHOOL.

   I AGREE TO AND CONSENT TO THE ACTIONS SET FORTH HEREIN AND HEREBY GRANT AUTHORIZATION OF THE SCHOOL TO OBTAIN AND USE MEDICAL INFORMATION AND RECORDS BY THE PERSONS, FOR THE PURPOSES, AND DURING THE TIME SET FORTH ABOVE.

I UNDERSTAND THAT I HAVE A RIGHT TO RECEIVE A TRUE COPY OF THIS AUTHORIZATION. BY MY SIGNATURE, I ACKNOWLEDGE THAT A TRUE COPY OF THIS AUTHORIZATION HAS BEEN RECEIVED BY ME.

DATED: _____

Signed: _____

Print name: _____

Relationship to child: _____