

**St. Mary Queen of the Universe Parish Religious Education (P.R.E.) Program
NEW STUDENT MEDICAL INFORMATION AND RELEASE FORM – 2009-10**

According to the guidelines of the Diocese of Salina, this information must be completed each year for any person (under 19 years of age) in parish religious education, Catholic schools, and youth programs. The original or photocopy of this document may be used to obtain necessary emergency medical treatment for the following individual.

Students with conditions (such as asthma, diabetes, etc.) which may require medications to be taken during a class session or Church event must have a Medication Permission Form on file with the Directors/Staff of the P.R.E. Program.

Child's full, legal name (first, middle, and last): _____

Known problems / conditions (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> physical impairment / skeleton deformities | <input type="checkbox"/> speech impairment |
| <input type="checkbox"/> vision impairment | <input type="checkbox"/> hearing impairment |
| wears glasses / contacts? yes no | wears aid? yes no |
| <input type="checkbox"/> asthma / breathing irregularities | <input type="checkbox"/> diabetes |
| <input type="checkbox"/> heart condition | <input type="checkbox"/> recurring headaches |
| <input type="checkbox"/> fainting | <input type="checkbox"/> seizures / epilepsy |
| <input type="checkbox"/> chronic infections (ear, sinus, throat, etc.) | <input type="checkbox"/> depression |
| <input type="checkbox"/> AIDS / HIV | <input type="checkbox"/> hemophilia |
| <input type="checkbox"/> other please explain _____ | |

Check the following ONLY if documented with the child's school district:

- attention deficit (ADD / ADHD) behavioral disorder learning challenges emotional disorder

Allergies (**drugs**, pollen, dust, **food**, insect stings, etc.) _____

What happens if exposed? _____

Date of most recent Tetanus Shot _____ If exact date is not known, check here for "current" _____

Prescribed medication taken on a regular, on-going basis (indicate dosage, if known) _____

Child's doctor _____ Doctor's telephone number _____

AUTHORIZATION AND RELEASE

Every effort will be made to promptly notify the parent/caregiver in case of medical emergency. If emergency treatment is required, and the parent/caregiver cannot be reached immediately, your signature in the space below empowers the authorities of the Religious Education Program to exercise their best judgment in calling for emergency medical treatment. The parent/caregiver will be responsible for all medical, surgical, and transportation costs which may be incurred.

SIGNATURE/S

Mother / legal guardian _____ Date _____

and/or

Father / legal guardian _____ Date _____