Lumen Christi Catholic School 2017-2018 School Year

Emergency Contact and Medical Information

Child's Name	Date of Birth	M F Sex

Parent's/Guardian's Name		Parent's/Guardian's Name	
( ) Home Phone	( ) Work Phone	( ) Home Phone	( ) Work Phone
Address		Address	
City, ST ZIP Code		City, ST ZIP Code	

Alternative Emergency Contacts

Primary Emergency Contact		Secondary Emergency Contact	
( ) Home Phone	( ) Work Phone	( ) Home Phone	( ) Work Phone
Address		Address	
City, ST ZIP Code		City, ST ZIP Code	

Medical Information

Hospital/Clinic Preference

Physician's Name	Phone Number
Insurance Company	Policy Number

Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the even that neither parent/guardian can be reached in the case of an emergency.

When medication absolutely must be given at other times outside the home, parents (guardians) shall provide explicit written instructions including instructions as necessary from their physician or other medical practitioner regarding the need for prescription medication or specific medical care.

Parents (guardians) shall also provide written permission for non-medically trained school, parish or archdiocesan personnel to oversee the self-administration of medication or necessary routine medical care by the child depending upon the age and capability of the child or youth.

Parent's/Guardian's Signature	Date

Immunizations

Please **check** the appropriate line.

- My child(ren) receives regularly scheduled immunizations. _______
- My child(ren) does **NOT** receive a regular schedule of immunizations. _____ Please attach a letter stating the reason.

Parent's/Guardian's Signature	Date