



Emergency Contact/ Permission to Pickup Form

SAINT PATRICK CATHOLIC SCHOOL

1. _____	_____	_____	_____
Student's Last Name (please list all students)	First Name	Current Grade	DOB
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Parent/Guardian Names: _____

Full Address: _____

Home Phone: _____ Email Address: _____

Father's Business Phone: _____ Cell Phone: _____

Mother's Business Phone: _____ Cell Phone: _____

Only the following person(s) is/are approved to pick up the above named student(s):

	NAME	RELATIONSHIP	PRIMARY PHONE NUMBER
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____

Copies: Front Office, Nurse, Athletic Director, Extended Care

Saint Patrick Catholic School

Medical Release Form 2009-2010

I understand that in the event of a medical emergency every effort will be made to contact the parent or guardian listed below. In the event that the named parent or guardian cannot be reached, I hereby authorize Saint Patrick Catholic School and its agents to select such physicians, nurses, medical authorities, and /or hospitals to administer proper treatment for my child/ren and/or to order and administer to him/her such injections, medications, anesthesia, surgery, hospitalization or other medical practices as they deem necessary.

I am aware that my child/ren will be participating in a physically and emotionally demanding activity where certain inherent risks and dangers may exist. My child may be exposed to extraordinary physical hazards, weather conditions, or other unknown events. I have noted any and all conditions which may affect my child's participation on the Medical Release Form. I do hereby assume all risks and I agree to release and hold harmless Saint Patrick Catholic School, its representatives, assistants, employees, and all related entities from any and all liability, loss or damage actions, claims and demands, which my child now has or which may arise from his/her participation in this activity. This shall serve as a release and assumption of risk for their heirs, executors, and all personal representatives.

I further state that I have listed below all known allergies and health problems for my child/ren, and any other information pertinent to his/her health, including medication he/she takes. I agree to revise this information as it may change during the 2009-2010 school year so that the information reflects the current health status of my child/ren at any given time. I am retaining a copy of this form for my files.

Insurance company: _____ Policy #: _____

Family Physician: _____ Phone: _____

Family Dentist: _____ Phone: _____

Known allergies and reactions: _____

Other medical information that we should be aware of: _____

Current Medications: _____

Date/s of last Physical Exam/s: _____

Parent/Guardian Printed Name: _____

Signature of Parent/Guardian: _____ Date: _____

Copies: Front Office, Nurse, Athletic Director, Extended Care