UNIVERSAL MEDICAL INFORMATION/ EMERGENCY CONTACT RELEASE AND CONSENT FORM

School:____ School Year: _____________

____
Name of Student (Last, First, Middle)

Grade: __________Teacher Name: ____

Student Address:

____
Street Apartment

____
City State Zip

Home Telephone: (____)____________________________

Siblings at school:

____
Name Grade Teacher

____
Name Grade Teacher

Student lives with (check all that apply):
_____ 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: (____)________________

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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): ____

____

Dosage: ________________________________ Frequency: ______________________________

DATE: ______________________________

SIGNED: ____

PRINT NAME: ____

RELATIONSHIP TO CHILD: ____________________________________

Updated 4/28/03

GENERAL TERMS OF PARENTAL CONSENT

1. 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 15, 20____. IT MAY BE REVOKED AT ANY TIME BY A WRITING SIGNED BY THE PARENTS. HOWEVER, 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: ________________________

Documents/020802-Universal Release Form

MEDICAL RELEASE AND CONSENT TO TREATMENT OF CHILD

I am a parent or legal guardian of **[INSERT NAME OF CHILD]** ________________________________, ("my child") who is a student at **[INSERT NAME OF 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 consent below, that the school may administer medications to my child, and if the school has agreed to administer medications by signing this consent below, I authorize the school to administer the medicines 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.

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. School Athletics: As a condition of participating in school athletics, the school reserves the right to obtain medical information regarding any physical or emotional condition or injury that pertains to my child's ability to participate safely and constructively in school sports, and to require a written medical clearance at any time before my child may participate in, or return to participation in, school sports activities during the school year. This information will be used solely for the purpose of evaluating my child's ability to participate in school sports activities and will not be obtained by or disseminated to any third parties, except the school's coaches, administrators, trainers and athletic staff, and only for these purposes or as otherwise allowed by law

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 consent, the undersigned hereby releases and discharges the Archdiocese of San Francisco, its constituent organizations, including but not limited to The Roman Catholic Welfare Corporation, the Department of Catholic Schools and the school, and their respective officers, agents and employees 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 Archdiocese'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

On behalf of the School, I agree to supervise administration of the above medications, consistent with the terms contained herein.

____

Signature of School Principal