Emergency Contact and Medical Information
St. Mary's Parish School of Religion * Mentor, OH
Complete a form for EACH STUDENT enrolled in St. Mary's PSR Program.

Child's Name | Date of Birth | M ☐ F ☐ Sex

Parent's/Guardian's Name | Parent's/Guardian's Name

Home Phone | Cell Phone | Home Phone | Cell Phone

Address | Address

City, ST ZIP Code | City, ST ZIP Code

Alternative Emergency Contacts

Primary Emergency Contact | Secondary Emergency Contact

Home Phone | Cell Phone | Home Phone | Cell Phone

Address | Address

City, ST ZIP Code | City, ST ZIP Code

Medical Information

Hospital/Clinic Preference

Physician's Name | Phone 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 event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature | Date

DO NOT COMPLETE BELOW IF YOU HAVE COMPLETED MEDICAL INFORMATION ABOVE.

REFUSAL OF CONSENT

I DO NOT GIVE MY CONSENT for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take no action or to:

_____

Date | Signature of Parent | Address