

Catholic Archdiocese of Atlanta
Our Lady of the Mountains Roman Catholic Church
1908 Waleska Hwy
Jasper, GA 30143

Annual Medical Release (2018-2019)

Name of Student: _____ Date of Birth: _____

Address: _____

Home phone #: _____

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical attention. I wish to be advised prior to any further treatment by the doctor and hospital. If you are unable to reach me, contact:

Emergency contact _____ Phone # _____

Relation to participant _____

If you are unable to reach parent/guardian or the emergency contact person, I hereby grant permission for the doctor and hospital to exercise professional judgment in treating participant.

Medical / Hospital Insurance Carrier _____

Name of Policy Holder _____ Relation to participant _____

Policy Number _____ Group Number _____

Signature of Parent / Guardian _____ Date _____

Father/Guardian's full name: _____

Phone #: _____ **Cell #** _____

Home address: _____

Place of business/address: _____

Phone #: _____

Mother/Guardian's full name: _____

Phone #: _____ **Cell #** _____

Home address: _____

Place of business/address: _____

Phone #: _____

(Both sides need to be completed and signed)

Name of Participant _____

Medications: My child is taking the following medication(s):

Description _____ Dosage _____

Description _____ Dosage _____

Description _____ Dosage _____

Description _____ Dosage _____

Description _____ Dosage _____

Description _____ Dosage _____

(EITHER A PHYSICIAN'S PRESCRIPTION OR PARENT NOTE MUST ACCOMPANY ALL MEDICATIONS/
PRESCRIPTIONS. THE NOTE SHOULD BE ATTACHED TO THIS FORM.)

I hereby grant permission for non-prescription medications to be given, if deemed appropriate.

List here what may be given:

Drug allergies _____

Other allergies / reactions (food, plants, insects, etc.) _____

List any other health problems / limitations that we need to be aware of _____

Signature of Parent / Guardian _____ **Date** _____

(This Medical Release is good for the period of one year beginning August 8, 2018 and ending August 7, 2019.)