ST SCHOLASTICA CATHOLIC CHURCH
YOUTH FAITH FORMATION EMERGENCY MEDICAL FORM

NOTE: A separate form must be completed for each child enrolled in St. Scholastica's Youth Faith Formation program.

Please complete:

In case of a Medical Emergency:

I give permission for my child to be treated at the nearest hospital in case of a medical emergency, if I am unable to be contacted at the address and phone number listed on this form. This permission extends to emergency treatment including, but not limited to, surgery, x-rays, and medication.

Student's Name: _____
(First Name) (Middle Name) (Last Name)

Date of Birth: _____ Date of last immunization/Examination: _____

List any medical, physical, or behavior limitations/problems (including allergies), special needs, or medications your child may have or use, as the case may be. If none, please write "none".

Child's doctor: _____ Phone: _____

Insurance Company: _____ Insurance number: _____

Emergency Contact 1st:_____ Phone: _____

Emergency Contact 2nd:_____ Phone: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____