

Family Last Name: _____

Medical/Behavior Alerts

1. Child's Name _____ Epi pen No Yes (please circle one)

Describe Allergies/health/other issues: _____

Medications presently taking: _____

2. Child's Name _____ Epi pen No Yes (please circle one)

Describe Allergies/health/other issues: _____

Medications presently taking: _____

3. Child's Name _____ Epi pen No Yes (please circle one)

Describe Allergies/health/other issues: _____

Medications presently taking: _____

4. Child's Name _____ Epi pen No Yes (please circle one)

Describe Allergies/health/other issues: _____

Medications presently taking: _____

5. Child's Name _____ Epi pen No Yes (please circle one)

Describe Allergies/health/other issues: _____

Medications presently taking: _____

PLEASE ATTACH ANOTHER SHEET FOR ADDITIONAL DETAILS IF NECESSARY.

Doctor's name _____ Phone: _____

Preferred Hospital _____

In the event that my child needs to be transported to a hospital and I cannot be reached, I authorize Saint Patrick Parish employees to take necessary steps so that medical treatment can be rendered quickly. In consideration for making these decisions in my absence, I hereby release and hold harmless the Saint Patrick Parish, the Faith Formation Program, its employees, appointees, and/or volunteers from any liabilities for the events that could occur as a result of this emergency situation. I also consent to my child receiving any medical treatment deemed necessary by the examining physician.

Signature of Parent or Legal Guardian

Relationship

Date