

Our Lady of the Holy Rosary & Saint Leo
Medical Information and Release Form

Student's Name: _____ (Please Print)

Physician's Name: _____

Physician's Phone#: _____

Please list any special medical information for your child. (For example, any medications, special needs or educational accommodations, etc.)

List all Allergies: _____

In the event of illness or injury, I hereby consent to any x-ray examination, anesthetic, medical, surgical, dental diagnosis, procedure or treatment and hospital care deemed necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility providing medical or dental health care.

I fully understand that students are to abide by all rules governing conduct and safety while attending Faith Formation classes and related activities. Any violation of applicable rules may result in a student's expulsion from activities.

Signature of
Parent/Guardian: _____ Date: ____/____/20____

Address: _____

Medical Insurance Carrier: _____ Policy #: _____

K - 5 Edge Confirmation I Confirmation II (Circle One)