



# ST. JOAN OF ARC SCHOOL TOLEDO, OHIO

## Emergency Contact and Medical Information

Child's Name \_\_\_\_\_ Homeroom \_\_\_\_\_ Date of Birth \_\_\_\_\_ M F  
Sex

Address \_\_\_\_\_ City, ST Zip \_\_\_\_\_

Primary Contact \_\_\_\_\_ Secondary Contact \_\_\_\_\_

Preferred Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_ Preferred Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

### Alternative Emergency Contacts

Alternative Contact 1 \_\_\_\_\_ Alternative Contact 2 \_\_\_\_\_

Preferred Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_ Preferred Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

### Medical Information

Physician's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Allergies/Special Health Considerations:

List any medications taken on a regular basis or seasonally:

### Authorization for Consent

I give my consent for the school clinic to distribute the following over the counter medications as needed.

- ☐ Tylenol ☐ Antacids ☐ Cough Drops  
☐ Motrin ☐ Benadryl ☐ Topical Cream  
☐ I DO NOT consent any medications

Preferred Hospital \_\_\_\_\_ Emergency Room Phone \_\_\_\_\_

☐ **To Grant Consent:** 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 \_\_\_\_\_ Please Print Name \_\_\_\_\_ Date \_\_\_\_\_

☐ **Refusal for Consent:** I do NOT give my consent for emergency medical treatment for my child. In the event of illness or injury requiring medical treatment I direct school authorities to take the following action:

Parent's/Guardian's Signature \_\_\_\_\_ Please Print Name \_\_\_\_\_ Date \_\_\_\_\_