

MEDICAL RELEASE FORM

2011-2012

Each student enrolled at St. Mary's Episcopal Day School must have this form completed annually and returned to the school office by August 5, 2011. This form must be signed and thus, may not be emailed. Complete form, print, sign, and return to: St. Mary's Episcopal Day School, 2101 S. Hubert Ave., Tampa, FL 33629

Student's Name: _____ Grade: _____

Parents' Names: _____

Home Phone Numbers: _____ / _____

Father's Business Phone: _____ Mobile: _____

Mother's Business Phone: _____ Mobile: _____

Child's Physician: _____ Phone: _____

⇒ IN CASE OF EMERGENCY, CONTACT: (other than parents)

Name: _____ Relationship: _____

Address: _____ Phone: _____

Hospital preference: _____

Who, other than parents, can pick your child up from school: _____

If my child should become ill or injured at school or at an off-campus school event, I understand that St. Mary's will:

1. Contact me immediately
2. Contact the person(s) I have designated if I cannot be reached

Should St. Mary's personnel be unable to reach me and/or the person(s) designated, I/we do hereby consent to any and all medical and surgical treatments, including anesthesia and operations which may be deemed advisable by any qualified physician selected by agents or officials of St. Mary's Episcopal Day School. The intention hereby is to grant authority to administer and to perform all and singularly any examination, treatments, anesthetics, operations and diagnostic procedures which may now or during the course of the patient's care, be deemed advisable or necessary by any qualified physician. No action shall be taken until an attempt is made to contact either parent.

Signature: _____ **Relationship to Student:** _____

⇒ INSURANCE:

Parent's Insurance Co.: _____

Policy Number: _____ I.D. # _____

Address: _____

City: _____ State: _____ Zip: _____

Local Agent: _____

Student Name: _____

Any previous requests for an educational, psychological or medical evaluation? If yes, please explain:

_____ Date _____
_____ Date _____

Any significant medical information or recent changes in medical history that the school should be aware of?

Yes No If "yes," please explain:

Does the applicant have any physical limitations or handicaps? Yes No

If "yes," please explain:

Please check any conditions that relate to your child. If checked, please explain below.

- any unusual illness or injury
- allergies
- medication being taken
- apparent visual problems/wearing glasses or contacts
- problem in speech development
- problem in language development
- psychological, emotional, behavioral or family counseling
- limitations on physical activity
- problems with independent toileting

Explanation:

⇒ Please submit any confidential medical information below:

