BISHOP KENNY HIGH SCHOOL, INC.
PARENT/GUARDIAN MEDICAL RELEASE FOR NON-BK STUDENT

Participant's Name:____ Date of Birth:_________________________________

Home Address:____

Parent/Guardian Name:____ Home Phone:_________________________________

Work Phone: ____ Cell Phone: __________________________________

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health and able to participate in activities, and I assume all responsibility for the health of my child. My child does have the following medical conditions (allergies, diabetes, asthma, drug allergies, etc.) and/or physical disabilities:

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My child's medications/dosages:

Rx: ____ Dosage: ___________________________ Doctor: ________________________
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Rx: ____ Dosage: ___________________________ Doctor: ________________________

PLEASE BE CERTAIN YOUR CHILD HAS AN ADEQUATE SUPPLY OF ALL REQUIRED MEDICATIONS FOR ANY OUT-OF-SCHOOL ACTIVITY.

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I hereby give permission to Bishop Kenny High School, Inc. employees, volunteers, or representatives to seek medical treatment for my child (named above).

In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by Bishop Kenny representatives or volunteers to secure proper treatment for my child (named above).

I make the following exception(s):____

In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name and relationship:____ Phone:_______________________________________

Student's Doctor:____ Phone:_______________________________________

Health Insurance Company/ Policy Number:____

____ ____

Signature of Parent/Guardian Date

OTHER MEDICAL TREATMENT: In the event it comes to the attention of Bishop Kenny volunteers or representatives during an out-of school activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, or diarrhea, I hereby give permission for over-the-counter medication to be administered to my child according to directions.

____ ____

Signature of Parent/Guardian Date

(Revised 2/8/11 – For use on or after 2/8/11)