

Contact Information and Release for Medical Treatment

RELEASE FOR EMERGENCY MEDICAL TREATMENT

As custodial parent or guardian of (student's full name) _____, I do hereby authorize the administration, faculty and staff of St. Bernard Prep School to take my child to any hospital emergency room or medical clinic for treatment, without first obtaining my consent in the event my child is sick, hurt, or in need of medical attention and it is impossible or impractical for me to be contacted prior to treatment. I do further release and absolve St. Bernard Prep School, its staff, faculty and administration from any liability as a result of obtaining such medical treatment for my child.

Further, I authorize the doctor or doctors, nurses, hospital or emergency room of any medical facility to render the treatment necessary for the illness, sickness, or injury of my child who is brought to such institution for treatment

Custodial Parent/Guardian (printed name): _____ Signature: _____

Date: _____

MEDICAL RELEASE AND AUTHORIZATION

I hereby give consent for the personnel of the St. Bernard Prep School Infirmary or other health care providers it utilizes to carry out accepted procedures for diagnosis, immunizations, medical treatment, minor surgical treatment, emergency surgery including anesthesia, dental/orthodontic surgery procedures, or counseling of my child. I authorize the health care institutions and physician caring for my child to release copies of medical and psychological records to St. Bernard Prep School in accordance with HIPAA guidelines.

I authorize the release of medical records to third party insurers or authorized persons to whom disclosure is necessary to establish or collect fee for services provided.

Parent/Guardian Signature: _____ Date: _____

ACKNOWLEDGEMENT OF ATHLETIC PARTICIPATION

I give permission for the above named student to participate in school athletics and activities, realizing that such activities involve the potential for injury. I acknowledge that even with coaching, direction, use of equipment, and observance of rules, injuries remain a possibility. These injuries can be severe and may result in disability, paralysis, or even death.

Parent/Guardian Signature: _____ Date: _____

BOARDING STUDENTS

I give permission for my boarding school student to receive the flu vaccine if it becomes available YES NO
•My child is allergic to eggs or any vaccine. YES NO
•My child has had an allergic or adverse reaction to the flu vaccine in the past. YES NO

Parent/Guardian Signature: _____ Date: _____

ALL STUDENTS (Please enclose a front and back copy of insurance, dental and prescription cards)

Medical Insurance Carrier: _____ Policy Holder: _____

SS# of Policy Holder: _____ Date of Birth: _____ Employer: _____

Policy No.: _____ Group ID No.: _____ Pre-Authorization Needed? YES NO

Copy: _____

Insurance Company Address: _____ Insurance Company Phone: _____

Prescription Plan and No. (if applicable): _____ Dental Plan and No.: _____

International students must have insurance to enroll.

Allergies: None Other _____ Last Tetanus: _____

Medications: _____

Note: Please complete all lines on both sides of document and return to St. Bernard Prep School