

**2010-2011 SAINT JOHN CATHOLIC SCHOOL  
FIELD TRIPS/ACTIVITIES – EMERGENCY MEDICAL FORM**

**PARENTAL PERMISSION:**

I grant permission for \_\_\_\_\_  
to participate in field trips/excursions supervised by school officials during the school year. I do hereby authorize any x-ray examination, anesthetic, dental, medical, surgical diagnosis, or treatment by any physician or dentist licensed by the state in which the field trip/excursion occurs and hospital service that may be rendered to the above named student under the general, specific, or special consent of supervising school officials.

This authorizes St. John School to secure emergency medical care for my child when I/we cannot be immediately reached at the time of emergency. I/we will be responsible for the emergency medical charges upon receipt of the statement. The preferred doctor/clinic/hospital is: (include both Bartlesville and Tulsa).

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Hospitals	Insurance Company
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Name of Parent/Guardian \_\_\_\_\_

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Signature of Parent/Guardian	Date
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**MEDICAL DATA:**

Student's Name \_\_\_\_\_

Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ (Mother)

Cell Phone \_\_\_\_\_ (Mom) Work Phone \_\_\_\_\_ (Father)

Cell Phone \_\_\_\_\_ (Dad)

If my child is injured and school officials are unable to contact me, please notify the following responsible adult:

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Name	Address	Phone
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Family Physician	Office Phone	Home Phone
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**ATTENTION PARENTS:** Please complete information on reverse side!

My child has been treated by a physician during the past 36 months for the following (please check):

_____ Asthma	_____ Hypertension
_____ Depression	_____ Rheumatic Fever
_____ Epilepsy	_____ Severe Headache
_____ Diabetes	_____ ADD/ADHD
_____ Other: _____	

My child is allergic to: \_\_\_\_\_

Date of last tetanus injection: \_\_\_\_\_

My child is currently under medical treatment. Reason: \_\_\_\_\_

Special health problems or comments: \_\_\_\_\_

List those persons authorized to pick up your child:

Name _____	Phone (h) _____
	(w) _____
Name _____	Phone (h) _____
	(w) _____
Name _____	Phone (h) _____
	(w) _____

**PHOTO RELEASE;** Your signature gives permission for the Diocese of Tulsa to use photographs of your child.

I hereby consent that the photographs, videotapes, and or motion picture film in which my child appears and/or audio recordings made of my child's voice may be used by the Diocese of Tulsa and its assigns in whatever way they may desire, including television; I consent that any such photographs, films and recordings, and the plates and/or tapes from which they are made shall be their property, and they shall have the right to duplicate and reproduce, and make other such use of said photographs as they may desire without any claim on my part. Signature must be in ink.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_