

# ALL SAINTS CATHOLIC ACADEMY MEDICAL INFORMATION 2019-2020

Family Name \_\_\_\_\_

<u>Student's Name</u>	<u>Grade</u>	<u>Allergic to</u>	<u>Medication</u>	<u>Medical Problem</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Medical Doctor**

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

**Dentist**

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

**Home Situation (check all that apply)**

Parents reside together \_\_\_\_\_

Parents separated \_\_\_\_\_

Single Parent Home \_\_\_\_\_

Parents divorced \_\_\_\_\_

**Where parents are separated/divorced, who has legal (residential) custody?**

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**(A copy of legal custody papers should be submitted to the school office and will be kept in the Principal's Office.)**

It is understood that, in the final disposition of an emergency case, school authorities will proceed to make home contact with parents first, and then the additional emergency contact names listed on the front side of this form. This authorization states that in the event of a medical emergency, the school shall have the legal right to take the student to the hospital or doctor's office in the event a parent or guardian or emergency contact cannot be reached in time for medical attention or care.

**Where possible, please have both parents place signatures below.**

\_\_\_\_\_  
Date                      Signature of Parent/Guardian                      Signature of Parent/Guardian

**(Please complete both sides of this form)**

The information on this page must be kept up to date. Any changes please notify the office immediately.