

Church of St. Helen
Parish School of Religion
12060 Kinsman Road
Newbury, Ohio 44065
(440) 564-7125 x13
mflauto@sthelen.com

PSR/EDGE MEDICAL RELEASE FORM

Use a separate form for each child

Name: _____ Age: _____ Grade _____

Address: _____

(Street)

(City)

(Zip Code)

Person to Contact in Case of an Emergency: _____

Phone: () _____

Alternate Phone: () _____

Family Physician: Name _____

Phone: () _____

HEALTH STATUS: (Confidential)

Please list any allergies (food or otherwise): _____

Please list any medications you are taking: _____

Date of your last tetanus shot? _____

Personal Medical Insurance Provider: _____

Insurance Policy # _____

I. TO GRANT CONSENT:

In the event of injury or illness, I (we), the parent (s) or legal guardians (s) of this participant, hereby grant our permission for said participant to be taken to a doctor or hospital and hereby authorize medical treatment, including, but not limited to emergency surgery or medical treatment, and assume the responsibility of all medical bills. I give permission for the release of medical records to an attending physician in case of illness.

Date: _____ Signature of Parent/Guardian: _____

II. REFUSAL TO CONSENT:

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment. I wish the school authorities to take the following action:

Date: _____ Signature of Parent/Guardian: _____