

Church of St. Helen  
Parish School of Religion  
12060 Kinsman Road  
Newbury, Ohio 44065  
(440) 564-5805 x205  
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**PSR/EDGE MEDICAL RELEASE FORM 2020-2021**

*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 being taken: \_\_\_\_\_

Does your child have any learning disabilities we should know about for the classroom? \_\_\_\_\_

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: \_\_\_\_\_