

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 2022-2023

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? _____

Insurance Provider: _____

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: _____