

MEDICAL INFORMATION AND CONSENT FORM

School/City_____

Participant's Name_____ Date of Birth_____

Parent/Guardian Name_____

Address_____

City/State/Zip_____

Home Phone_____ Work Phone_____

Emergency Contact (if parent/guardian cannot be reached):

Name_____ Phone_____

Physician's Name_____ Phone_____

Medical Information:

1. Does the participant take medications regularly? ____Yes ____No
If yes, describe:_____
2. Does the participant have any allergies or chronic illnesses? ____Yes ____No
If yes, describe:_____
3. Is the participant allergic to any drugs or medications? ____Yes ____No
If yes, describe:_____

In the event that my child,_____, requires emergency medical treatment due to illness or injury, I hereby give my consent to the following:

1. personnel supervising my child to arrange for emergency medical care at an appropriate medical facility:
2. medical personnel at the medical facility to render necessary treatment to my child.

I further acknowledge and agree that I will assume responsibility for payment of all expenses associated with the medical care above described.

Parent/Guardian_____

Date_____

**CERTIFICATION OF MEDICAL INSURANCE
AND
INDEMNITY AGREEMENT**

The undersigned, as parent/s or legal guardians of _____
("Child"), so hereby certify to 1 – ("School") and the Catholic Diocese of Belleville ("Diocese")
the following:

(Complete Section below that applies)

SECTION 1

_____ The Child is covered under a medical insurance policy or health care plan,
specifically:

(Name of Insurer or Plan)

(Policy or Group Number)

SECTION 2

_____ I/We agree to obtain Student Accident Insurance which is offered through the
School.

I/We further understand that the School does not provide any medical insurance coverage for
the Child, and the I/We assume all responsibility for payment of any medical expenses
(including, but not limited to, doctors' fees, hospital charges, or any other medical or related
charges) incurred by the child due to any injury or illness that occurs while the Child is in
attendance at the School, or participating in any School-sponsored activity, including athletic
events.

I/We hereby agree to hold harmless and indemnify the School and Diocese, including their
employees, volunteers, clergy and religious, from any claims for medical expenses described
above.

I/We have read the above Agreement and fully understand the terms contained herein, and
agree to abide by its terms.

(Parent/Guardian)

(Date)

(Parent/Guardian)

(Date)