



ST. GREGORY THE GREAT CATHOLIC CHURCH & SCHOOL

Authorization for Emergency Medical Attention

In the event of an emergency, I authorize St. Gregory the Great Catholic School permission to seek medical attention.

Physician Name: _____ Phone: _____ Address: _____

Preferred Hospital: _____ Phone: _____ Address: _____

I give consent for the facility to secure any and all necessary emergency medical care for my child.

Parent Signature: _____

List any medical conditions that your child may have, such as allergies, existing illness, previous serious illness, injuries, and hospitalizations during the past 12 months, any medication prescribed long-term continuous use, and any other information which St. Gregory the Great Catholic School should be aware of:

Immunization Record

_____ (initial) I have provided St. Gregory the Great Catholic School with a copy of my child's most current immunization record.

Admission Requirements

One of the following must be presented when your child is admitted to the child-care operation or within one week

1. _____ Healthcare Professional's Statement: I have examined the above named child within the past year and find that he/she is able to take part in the child care program.

Doctor's Signature

Date

2. _____ A signed and dated copy of a healthcare professional's statement is attached.

Name and Address of healthcare provider: _____

Signature- Parent or Legal Guardian

Date