SAINT MONICA PARISH

5136 N NOTTINGHAM AVE, CHICAGO, IL 60656 + (773) 763 – 1661 + WWW. STMONICACHICAGO.COM

Please print legibily One Form per Student must be Completed

STUDENTS NAME _____

2019-2020 STUDENT MEDICAL INFORMATION

EMERGANCY CONTACT – *if parents cannot be reached*

Contact's Name: _____ Relationship: _____

Phone: _____Alternate #: _____

2ND Contact Name: _____Realtionship: _____

Phone: _____Alternate #: _____

PHSICIAN & MEDICAL INFORMATION

Physician Name: _____ Office Phone # _____

Address: _____ City: _____Zip: _____

Insurance Company: _____ Group/Member #: _____

Significant medical history: _____

Current Medications taken: _____

Allergies: _____

Special learning or developmental needs: _____

Additional information: _____

In the event that the undersigned, or my authorized physician, cannot be reached, and in the judgement of the Director of Religious Education of St. Monica Parish, or other appropriate staff member, there is a necessity for immediate examination and/or treatment of my child, I hereby request and authorize any of the aforesaid responsibility for any personnel to obtain for my child such medical services as are deemed necessary. I agree to assume the financial responsibility for diagnosis/treatment and for medication deemed necessary. Release covers 08/01/19-07/31/2020.

I agree to the above agreement:

_____ _____

Signature of Parent or Legal Guardian *Date*

_____ _____

Signature of Parent or Legal Guardian *Date*