



Father McGivney Catholic High School

Emergency Contact Information

In the event that your student has some emergency, you as the primary parent/guardian will be contacted first. Please list two (2) other local individuals that you authorize to act on your behalf if we are unable to reach you. Please also be sure that the **school is informed of any changes** throughout the year.

PLEASE COMPLETE ALL INFORMATION, EVEN IF NOTHING HAS CHANGED FROM THE PREVIOUS YEAR

Student's name: _____
Cell phone: _____ Cell carrier: _____

CONTACT #1 (PARENT/GUARDIAN)

Full Name: _____
Relationship to student: _____
Place of work: _____ Daytime phone: _____
Cell phone: _____ Cell carrier: _____

CONTACT #2 (PARENT/GUARDIAN)

Full Name: _____
Relationship to student: _____
Place of work: _____ Daytime phone: _____
Cell phone: _____ Cell carrier: _____

CONTACT #3 (NOT A PARENT)

Full Name: _____
Relationship to student: _____
Place of work: _____ Daytime phone: _____
Cell phone: _____ Cell carrier: _____

CONTACT #4 (NOT A PARENT)

Full Name: _____
Relationship to student: _____
Place of work: _____ Daytime phone: _____
Cell phone: _____ Cell carrier: _____

STUDENT MEDICAL INFORMATION:

Significant Medical Conditions: _____
Current Medications: _____
Allergies*: _____ Preferred Hospital: _____
Insurance Company: _____ Policy/ID # _____
Physician: _____ Phone: _____
Dentist: _____ Phone: _____
Eye Care: _____ Phone: _____

In case of emergency, I give my consent for the school to contact emergency medical services to attend my child. I understand the school will make every effort to contact parents/guardians first to obtain consent for treatment. However, in the event the school feels harm or injury is imminent and contacting a parent/guardian is not feasible, I authorize the school to summon help and provide to the attending medical technicians, physicians, hospital or clinic any relevant data judged necessary for treatment, from my child's health records.

***If your student has the chance of a severe allergic reaction**, should the office have medication on hand? Yes No
If you answer yes, you **must bring the medication to the school office**. We are not permitted to dispense medication unless it is brought to the office by a parent/guardian.

Parent/Guardian Signature: _____ **Date:** _____

Certification of Medical Insurance and Indemnity Agreement

The undersigned, as parent(s) or legal guardian(s) of _____
 (“Student”), do hereby certify to Father McGivney Catholic High School, Maryville, IL
 (“School”) and the Catholic Diocese of Springfield (“Diocese”) the following:

(Complete section below that applies)

Section 1

_____ The Student is covered under a medical insurance policy of 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 Student, and that I/We assume all responsibility for the payment of any medical expenses (including, but not limited to, doctor’s fees, hospital charges, or any other medical or related charges) incurred by the Student due to any injury that occurs while the Student 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.

Date

Parent/Guardian

Date

Parent/Guardian