

Health/Permission/Emergency Form 2023-24

Please fill out this form for EACH student and return to the office or via email to dre@shboone.com.

Student Name: _____ Grade: _____ Date: _____

AUTHORIZATION & RELEASE OF MEDIA:

I understand that by signing this Release and Authorization, I hereby grant authority to Sacred Heart Parish for the use of any videotape, photograph, or items in which my child/children might appear. Examples are: program videos, diocesan newspaper, promotional items for the program, parish website/social media photos, etc.

☐ Signature _____

WALKING FIELD TRIP

I give my permission for my student to leave campus with his or her teacher and classmates for any field trip in which they are walking. I understand that if a field trip would require my child to ride in a vehicle of any kind, I will receive a separate field trip form to fill out and return to the school.

☐ Signature _____

ACCIDENT/SERIOUS ILLNESS: In case of accident or serious illness, I request that the parish contact me. If the parish is unable to reach me, I hereby authorize the parish to call the physician indicated below and to follow his/her instructions. If it is impossible to contact the physician, the school may make whatever arrangements seem necessary.

Physician's Name _____ Phone _____

MEDICAL ALERTS Circle all that apply and explain:

- | | |
|-------------------------------|----------------------------|
| • Allergy- Environmental | • Migraines |
| • Allergy-Food | • Hearing Impairment |
| • Allergy- Medication | • Neurological-Seizure D/O |
| • Allergy-Other | • ADD ADHD |
| • Asthma | • Anxiety |
| • Cancer | • Bipolar |
| • Color Blindness | • Depression OCD |
| • Cystic Fibrosis | • Vision Impairment |
| • Diabetes-Type I/Type II | • Other: _____ |
| • Eating Disorder | |
| • Gastrointestinal-Crohns/IBS | |

Additional Information:

Does your child have, or have they had in the past: (Circle all that apply)

504. IEP IHP

Additional Information:

Parent Signature _____ Date _____

EMERGENCY CONTACT INFORMATION

If parents cannot be reached, who would you like us to contact in case of an emergency?

Name: _____

Relationship: _____

Phone Number: _____