SAINT LEO THE GREAT CATHOLIC SCHOOL

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HEALTH INFORMATION FORM

Medical Insurance: Name _____ Id# _____

I understand that the school does not assume responsibility for payment of a physician in any case. However, in an emergency, the school may choose a physician. Please state: ☐ yes ☐ no

Name of Doctor _____ Phone _____

Name of Dentist _____ Phone _____

Is your child allergic to any drugs? ☐ yes ☐ no If yes, what? _____

Is your child allergic to any foods? ☐ yes ☐ no If yes, what? _____

Is your child allergic to bee stings or anything of that nature? ☐ yes ☐ no

If yes, explain: _____

Does your child have any chronic illnesses (asthma, diabetes, heart disease, epilepsy, etc.)? ☐ yes ☐ no

If yes, explain: _____

Does your child take any medications on a regular basis? ☐ yes ☐ no

If yes, please list and explain: _____

_____

Consent for Treatment:

(I)/(We), the undersigned parent(s) or legal guardian(s) of _____ (a minor), do hereby authorize a representative of the School of Saint Leo the Great as agent(s) for the undersigned to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care that is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the California Medicine Practice Act, on the medical staff of an accredited hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of the above-mentioned agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care that the above-mentioned physician in the exercise of his/her best judgement may deem advisable.

In an emergency your child will be taken to the nearest hospital. Please state: ☐ yes ☐ no
If no, what hospital? _____

This authorization shall remain effective until June 30, 20_____ unless sooner revoked in writing and delivered to the above-mentioned agent(s).

Mother's Signature _____ Date _____

Father's Signature _____ Date _____

Legal Guardian's Signature _____ Date _____