

STUDENT NAME: \_\_\_\_\_

## CATHEDRAL HIGH SCHOOL STUDENT MEDICAL CONSENT FORM

**Effective July 1, 2018 - June 30, 2019**

The "Pride of the Irish" Band from Cathedral High School will be required to travel for competitions, performances, and special events during the year. Some of these events may be outside the state of Indiana. Adult chaperones and a Cathedral faculty or staff member will always accompany the students on these trips.

In the event of illness or injury to a student, the first response is to attempt to contact the parent/guardian. However, it may be impossible to contact the parent/guardian immediately when seeking emergency treatment. Therefore, the school requires that every participating student's parent/'guardian authorize such emergency treatment by execution of this medical consent form. Parents are hereby requested to consent to their student's participation in such events and to authorize the chaperones to act as below authorized.

### **STUDENTS WILL NOT BE ALLOWED TO PARTICIPATE IN ANY OFF CAMPUS EVENTS WITHOUT THIS FORM SIGNED AND ON FILE.**

#### Parent/Guardian Permission Statement:

I hereby give permission for the above named student to be given emergency medical treatment as noted below. Treatment is authorized by initialing- please initial all that apply.

\_\_\_\_\_ 1. I authorize the use, by attending chaperones, of emergency "First Aid" treatment which includes the administration of Tylenol, Ibuprofen and/or Benadryl.

\_\_\_\_\_ 2. I authorize emergency treatment of student by professional medical personnel, to stabilize any illness or injury, until I, as parent/guardian, can be contacted.

\_\_\_\_\_ 3. I authorize treatment of student, by professional medical personnel, in said personnel's best judgment, to treat any illness or injury, when in the best professional judgment of such personnel. Said treatment cannot be withheld pending my approval as parent/guardian, without incurring serious risk or death or of further injury or the deterioration of student's medical condition.

I understand that certain risks may exist with regard to any medical treatment. I agree not to hold the school or any person acting in its behalf, responsible for any injury occurring to the above named student during participation in or traveling to and from any activity, or from the results of the above authorized medical treatment, when given in good faith. I also agree not to hold the professional medical personnel responsible for the results of the above authorized medical treatment, when said personnel are acting in their best professional judgment.

Student Signature \_\_\_\_\_ date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ date \_\_\_\_\_

Printed Parent/Guardian Name \_\_\_\_\_

Address: \_\_\_\_\_

Phone – home: \_\_\_\_\_ work: \_\_\_\_\_ cell: \_\_\_\_\_

Email: \_\_\_\_\_

**THIS CONSENT IS EFFECTIVE FROM THE DATE HEREOF THROUGH  
THE FOLLOWING SCHOOL YEAR ENDING JUNE 30, 2019.**

**ATTACH A COPY (FRONT AND BACK) OF THE STUDENT'S INSURANCE CARD TO THIS FORM.**

**Emergency Contact Information:**

Emergency contact name: \_\_\_\_\_ phone \_\_\_\_\_

**(This will be the first contact made in case of an emergency)**

**Primary Care Physician:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Medical Insurance Carrier:** \_\_\_\_\_

**Reminder:** Please attach a copy (front and back) of the student's insurance card to this form!

Primary Card Holder: \_\_\_\_\_

Pre-Certification Phone #: \_\_\_\_\_

ID# \_\_\_\_\_ Group # \_\_\_\_\_

Plan # \_\_\_\_\_ Effective Date \_\_\_\_\_

**General Medical Information**

Known Allergies \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current Medications (please include time taken each day) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Chronic/Existing Diseases or Medical Problems** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Date of Last Tetanus Immunization** \_\_\_\_\_

**I give permission for the nurse or chaperone to administer to my child, as needed:**

*Please circle the approved medicine and quantity*

Tylenol – 1 or 2

Ibuprofen – 1 or 2

Benadryl

Parent/Guardian Signature \_\_\_\_\_