



Fairfield College Preparatory School

Fairfield Prep Permission Card and Medical Consent Form

Throughout the academic year, 2018-19, I hereby give my permission for the emergency medical treatment of my son/dependent, _____, who is a student at Fairfield College Preparatory School. I hereby authorize the bearer of this card to authorize certified medical personnel to administer emergency medical care for my son/dependent in the event that I cannot be reached via telephone numbers listed below. I also authorize the bearer of this card to take whatever steps that are deemed necessary for the welfare of my son/dependent. Additionally, retreats can create an environment where personal and sensitive issues may surface. Should your son exhibit any concerns about his safety and well-being, you will be asked to pick him up at the retreat center and attend to such concerns.

Date: _____ **Parent/Guardian Name (Please Print):** _____

Signature: _____

Relationship: _____ **Cell Phone Number:** _____

Name of son/dependent's physician: _____

Telephone # of son/dependent's physician: _____

Your Insurance Company _____

Policy Number: _____

Is your son/dependent allergic to any medications? _____

If yes, please list: _____

Food allergies and/or dietary restrictions: _____