



# Fairfield College Preparatory School

A Jesuit, Catholic School of Excellence

## Fairfield Prep Permission Card and Medical Consent Form

Throughout the academic year, 2019-2020, 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:** \_\_\_\_\_