

North Catholic High School  
Permission to Seek Medical Treatment

**Please complete both sides**

This form will be kept on file for the adult personnel throughout the rehearsals and performances of the one act plays and the musicals and for forensic practices and competitions throughout the year. Copies will be made so that adults working with the students will have access to this information at all times. All copies will be shredded at the end of the academic year. The form is intended to expedite any medical treatment that may be used in conjunction with phone calls home. Please update information as necessary.

Student Name \_\_\_\_\_

SS# \_\_\_\_\_ Birth date \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Work Phone \_\_\_\_\_

Is the student currently under medical treatment? \_\_\_\_\_ If yes, give the nature of the treatment and the doctor's name and phone number.

\_\_\_\_\_  
\_\_\_\_\_

Is the student taking any medication? \_\_\_\_\_ If yes, give the name of the medication, directions for its use, and any adverse effects that the student may have exhibited as a result of taking or forgetting to take the medication.

\_\_\_\_\_  
\_\_\_\_\_

In the case of headaches, stomach aches or other minor upsets, what over the counter medications do you permit us to give your child. (e.g. aspirin, tylenol, tums)

\_\_\_\_\_  
\_\_\_\_\_

**Please complete both sides.**

List any ailments that your child has of which we should be aware (e.g. diabetes, epilepsy, asthma, allergies).

\_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_

Name of health insurance \_\_\_\_\_

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

If we cannot get in touch with the parents or guardians, please list two relatives or friends who could have the authority to advise us regarding your child.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

If emergency treatment is required while rehearsing or performing, may the adult personnel involved seek medical care for the above named student at the hospital or doctor most easily accessible for said treatment? \_\_\_\_\_yes \_\_\_\_\_no

If NO, please name preferred doctor \_\_\_\_\_

Phone Number \_\_\_\_\_

Preferred hospital \_\_\_\_\_

Phone Number \_\_\_\_\_

It is understood that in the final disposition of an emergency situation, the judgement of the adult personnel will prevail. The recommendations of the parents/guardians as indicated above will be respected in so far as possible.

Signature of parent/guardian \_\_\_\_\_

Date \_\_\_\_\_