



Student's Name: \_\_\_\_\_

**MEDICAL INFORMATION:**  
 Pediatrician/Physician: \_\_\_\_\_ Asthma/Allergy Physician: \_\_\_\_\_  
 Other Physicians (i.e. Heart, Diabetic) \_\_\_\_\_ Date of last Tetanus shot \_\_\_\_\_

Health Concern	NO	YES	
Allergy to Food(s)			EPI-PEN: YES _____ NO _____ List & Describe reaction to EACH:
Allergy to Bee Stings			EPI-PEN: YES _____ NO _____ Describe reaction :
Allergy to Latex			EPI-PEN: YES _____ NO _____ Describe reaction:
Allergy to Medication(s)			List & Describe reaction to EACH:
Asthma			INHALER at school: YES _____ NO _____ Inhaler Name & directions:
Attention Deficit/ADHD			Medication:
Behavior/Emotional Concerns			Describe:
Headaches/ Migraines			Medication:
Stomach Problems			Describe: Medications:
Hearing Problems			Describe: Hearing Aides: YES _____ NO _____
Visual Conditions:			Glasses: YES _____ NO _____ Contacts: YES _____ NO _____
Diabetes:			Medications: Blood Glucose Test Time(s):
Heart Condition(s)			Describe:
Seizures/Epilepsy			Medication:
Activity Restrictions			Describe:
Other Medical Concerns i.e. pre-existing medical conditions, disabilities, physical handicaps, major illnesses, surgeries, etc			Describe:
List any student medication(s) not listed above			Name, dosage, & time given:  Will any need to be given at school? YES _____ NO _____

**LIABILITY RELEASE:** I/We, the parent/parents and /or legal guardian(s) of the above named child, hereby request permission for my son/daughter to participate in any and all of the activities of Owensboro Catholic Schools and I/We do hereby further generally, fully, completely and absolutely hold harmless the Diocese of Owensboro and the above-named organization, including but not limited to, all board members, officers, sponsors, employees, leaders, volunteer drivers and chaperones from any and all liability of any kind or nature whatsoever. In case of injury to my/our child, I/we hereby waive all claims against the parties set forth above, and further agree to fully indemnify and hold said parties harmless from any liability whatsoever. I/We likewise release from responsibility any person transporting my/our child to or from the activities. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. I/We believe that the subject of this release is physically and mentally capable of taking reasonable precautions to protect his/her own safety and has the maturity and judgment not to put himself/herself or others in dangerous situations. In case of medical or surgical emergency, I/we hereby request and give permission to the staff at Owensboro Catholic Schools for the hospitalization and/or provision of necessary medical treatment for the above-named child. I/We understand that depending upon the seriousness of the above named child's situation/injury, 911 may be contacted & he/she may be transported to the nearest hospital. I/We understand that I/we will be responsible for the cost of any medical treatment incurred (including surgery) to treat my child. I/We understand that I/we will be contacted immediately in the case of an emergency to my child. I/We understand that if there are any changes to the any of the information listed above (i.e. contact information, insurance policy, medical conditions, medications, court orders, etc.), that it is my responsibility to keep my child's school records updated and will report any changes to my child's School Office at once.

X \_\_\_\_\_  
 (Parent/Guardian signature)

Date: \_\_\_\_\_  
 Rev. 2009